

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000084322

**Entity Name:** LEGACIES OF TAMPA, INC.

**Current Principal Place of Business:**

834 EAST RIVER DRIVE  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

834 EAST RIVER DRIVE  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 45-3415939

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARAVELLA, GIANNA  
834 EAST RIVER DRIVE  
TEMPLE TERRACE, FL 33617 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARAVELLA, GIANNA  
Address 834 EAST RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title VP  
Name CARAVELLA, JOSEPH  
Address 834 EAST RIVER DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GIANNA CARAVELLA

**PRESIDENT**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date