

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029615

**Entity Name:** LEGACY ASSOCIATES, LLC

**Current Principal Place of Business:**

590 SW ARLINGTON BOULEVARD  
SUITE 113  
LAKE CITY, FL 32025

**Current Mailing Address:**

590 SW ARLINGTON BOULEVARD  
SUITE 113  
LAKE CITY, FL 32025 US

**FEI Number:** 20-8671253

**Certificate of Status Desired:** No

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

EDGLEY, KIMMY  
590 SW ARLINGTON BOULEVARD  
SUITE 113  
LAKE CITY, FL 32025 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

**Authorized Person(s) Detail :**

Title MGRM  
Name EDGLEY, KIMMY  
Address 590 SW ARLINGTON BOULEVARD,  
SUITE 113  
City-State-Zip: LAKE CITY FL 32025

Title MGRM  
Name PEELER, ALICE  
Address 9878 HIGHWAY 441 SOUTH  
City-State-Zip: LAKE CITY FL 32025

Title MGRM  
Name EDGLEY, DOUG  
Address 590 SW ARLINGTON BOULEVARD,  
SUITE 113  
City-State-Zip: LAKE CITY FL 32025

Title MGRM  
Name PEELER, RAYMOND  
Address 9878 HIGHWAY 441 SOUTH  
City-State-Zip: LAKE CITY FL 32025

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMMY EDGLEY

**MANAGER**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date