

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029615

**Entity Name:** LEGACY ASSOCIATES, LLC

**Current Principal Place of Business:**

320 SW ELK HUNTER GLEN  
FORT WHITE , FL 32038

**Current Mailing Address:**

320 SW ELK HUNTER GLEN  
FORT WHITE, FL 32038 US

**FEI Number:** 20-8671253

**Certificate of Status Desired:** No

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

EDGLEY, KIMMY  
320 SW ELK HUNTER GLEN  
FORT WHITE, FL 32038 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 320 SW ELK HUNTER GLEN  
City-State-Zip: FORT WHITE FL 32038

Title MGRM  
Name PEELER, ALICE  
Address 158 SW ELK HUNTER GLEN  
City-State-Zip: FORT WHITE FL 32038

Title MGRM  
Name EDGLEY, DOUG  
Address 320 SW ELK HUNTER GLEN  
City-State-Zip: FORT WHITE FL 32038

Title MGRM  
Name PEELER, RAYMOND  
Address 158 SW ELK HUNTER GLEN  
City-State-Zip: FORT WHITE FL 32038

*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

**MGR**

**04/05/2018**

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

\_\_\_\_\_  
Date