

2016 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

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date