

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123501

**Entity Name:** LEGACY ASSOCIATION MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

8451 PALM PARKWAY  
LAKE BUENA VISTA, FL 32836

**Current Mailing Address:**

P.O. BOX 690999  
ORLANDO, FL 32869

**FEI Number: 26-1569062**

**Certificate of Status Desired: Yes**

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

LSEB AGENT SERVICES, INC.  
111 N. MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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 MGR  
Name LEGACY HOSPITALITY HOLDINGS, LLC  
Address 8451 PALM PARKWAY  
City-State-Zip: LAKE BUENA VISTA FL 32836

Title CS  
Name MEYERS, JARED M  
Address 8451 PALM PARKWAY  
City-State-Zip: LAKE BUENA VISTA FL 32836

Title PCOO  
Name PICCIANO, ANTHONY  
Address 8451 PALM PARKWAY  
City-State-Zip: LAKE BUENA VISTA FL 32836

*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: ANTHONY PICCIANO**

**PRESIDENT**

**03/18/2014**

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

\_\_\_\_\_  
Date