

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117236

**Entity Name:** WRD LEGACY PARK, LLC

**Current Principal Place of Business:**

123 COULTER AVE., SUITE 200  
ARDMORE, PA 19003

**Current Mailing Address:**

123 COULTER AVE., SUITE 200  
ARDMORE, PA 19003

**FEI Number:** 45-3591832

**Certificate of Status Desired:** No

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

POWELL, JAMES N  
ONE PROGRESS PLAZA, SUITE 1210  
ST. PETERSBURG, FL 33701 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 WRD LEGACY PARK MANAGER, INC.  
Address 123 COULTER AVE., SUITE 200  
City-State-Zip: ARDMORE PA 19003

*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:** BENJAMIN WILLNER

**MEMBER**

**01/08/2014**

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

\_\_\_\_\_  
Date