

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000151943

**Entity Name:** LEGACY LAND PARTNERS, LLC

**Current Principal Place of Business:**

400 N. ASHLEY DR., SUITE 1750  
TAMPA, FL 33602

**Current Mailing Address:**

400 N. ASHLEY DR., SUITE 1750  
TAMPA, FL 33602 US

**FEI Number: 32-0396590**

**Certificate of Status Desired: Yes**

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

LEMONS, DAWN  
400 N. ASHLEY DR., SUITE 1750  
TAMPA, FL 33602 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           MANAGING MEMBER  
Name            RICHLAND WESTLAKE, INC.  
Address         400 N. ASHLEY DR., SUITE 1750  
City-State-Zip: TAMPA FL 33602

Title            AVP/ASEC  
Name            LEMONS, DAWN  
Address         400 N. ASHLEY DR., SUITE 1750  
City-State-Zip: TAMPA FL 33602

Title            CHAIRMAN  
Name            BRAY, JOHN H  
Address         3161 MICHELSON DR., STE. 425  
City-State-Zip: IRVINE CA 92612

Title            PRESIDENT, SECRETARY,  
                  TREASURER  
Name            BRAY, MATTHEW J  
Address         400 N. ASHLEY DR., SUITE 1750  
City-State-Zip: TAMPA FL 33602

Title            VP, ASSISTANT SECRETARY  
Name            TROUTMAN, JOHN C  
Address         3161 MICHELSON  
                  SUITE 425  
City-State-Zip: IRVINE CA 92612

*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: DAWN LEMONS**

**AVP/ASEC**

**04/21/2022**

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

\_\_\_\_\_  
Date