

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000115158

**Entity Name:** LEGEND AVS LLC

**Current Principal Place of Business:**

1631 ROCK SPRINGS ROAD  
SUITE 109  
APOPKA, FL 32712

**Current Mailing Address:**

1631 ROCK SPRINGS ROAD  
SUITE 109  
APOPKA, FL 32712

**FEI Number:** 46-3433404

**Certificate of Status Desired:** No

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

MOREIRA, TAMARA S  
2909 W STATE ROAD 434  
SUITE 131  
LONGWOOD, FL 32779 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:** TAMARA S. MOREIRA

02/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name SHERRER, TIFFANY JILL  
Address 733 CHEVIOT COURT  
City-State-Zip: APOPKA FL 32712

Title MGMR  
Name SHERRER, SCOTT ANDREW  
Address 1631 ROCK SPRINGS ROAD  
SUITE 109  
City-State-Zip: APOPKA FL 32712

*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:** SCOTT SHERRER

MGMR

02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date