

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000146794

**Entity Name:** FLORIDA LEGACY PLANNERS, LLC

**Current Principal Place of Business:**

9501 US HWY. 19  
PORT RICHEY, FL 34668

**Current Mailing Address:**

PO BOX 1449  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 81-3521627

**Certificate of Status Desired:** No

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

DISPARTI, LARRY  
1041 US HWY. 19  
HOLIDAY, FL 34691 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            AMBR  
Name            BARRY            , ROBERT  
Address        9501 US HWY. 19  
                  212  
City-State-Zip: PORT RICHEY FL 34668

*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:** ROBERT BARRY

**OWNER**

**04/30/2018**

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

\_\_\_\_\_ Date