

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000181066

**Entity Name:** LEGACY POOLS LLC

**Current Principal Place of Business:**

727 NORTH DR  
STE L  
MELBOURNE, FL 32934

**FILED**  
**May 31, 2022**  
**Secretary of State**  
**7780915639CC**

**Current Mailing Address:**

727 NORTH DR  
STE L  
MELBOURNE, FL 32934 US

**FEI Number:** 82-2580376

**Certificate of Status Desired:** No

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

BLACK, CHARLES  
727 NORTH DR  
STE L  
MELBOURNE, FL 32934 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	PRES	Title	VP
Name	BLACK, CHARLES	Name	BLACK, KRISTIN
Address	727 NORTH DR STE L	Address	727 NORTH DR STE L
City-State-Zip:	MELBOURNE FL 32934	City-State-Zip:	MELBOURNE FL 32934

*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:** CHARLES D. BLACK

**PRESIDENT**

**05/31/2022**

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

\_\_\_\_\_  
Date