

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000291280

**Entity Name:** LEGACY SHOTS LLC

**Current Principal Place of Business:**

651 CROSS RIDGE DR  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

651 CROSS RIDGE DR  
PONTE VEDRA, FL 32081 UN

**FEI Number: 83-3120268**

**Certificate of Status Desired: No**

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

SATHYA, SHARAN A  
651 CROSS RIDGE DR  
PONTE VEDRA, FL 32081 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           MANAGER  
Name            SATHYA, SHARAN A  
Address         651 CROSS RIDGE DR  
City-State-Zip:  PONTE VEDRA FL 32081

Title            PRESIDENT  
Name            CHOODAMANI, SATHYA  
Address         651 CROSS RIDGE DR  
City-State-Zip:  PONTE VEDRA FL 32081

Title            VP  
Name            SATHYA, SRIPRIYA  
Address         651 CROSS RIDGE DR.  
City-State-Zip:  PONTE VEDRA FL 32081

*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: SHARAN SATHYA**

**MANAGER**

**04/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date