

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000226865

**Entity Name:** LEGACY TITLE, LLC

**Current Principal Place of Business:**

1575 SW 18TH TERRACE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

1575 SW 18TH TERRACE  
OKEECHOBEE, FL 34974 US

**FEI Number: 35-2679034**

**Certificate of Status Desired: Yes**

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

MOBLEY, JARED  
1575 SW 18TH TERRACE  
OKEECHOBEE, FL 34974 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 MOBLEY, TASHAWNA  
Address 1575 SW 18TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name MOBLEY, JARED  
Address 1575 SW 18TH TERRACE  
City-State-Zip: OKEECHOBEE FL 34974

Title AMBR  
Name BOREE, LASHA  
Address 12414 HWY 441 N  
City-State-Zip: OKEECHOBEE FL 34972

*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: JARED MOBLEY**

**AMBR**

**02/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date