## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000203308

Entity Name: LEGACY INSURANCE PRO LLC

**Current Principal Place of Business:** 

10405 MALVASIA AVE RIVERVIEW, FL 33578

**Current Mailing Address:** 

10405 MALVASIA AVE RIVERVIEW. FL 33578 US

FEI Number: 85-2088623 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUMPHERY, NATHAN E 10405 MALVASIA AVE RIVERVIEW, FL 33578 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

**FILED** Mar 30, 2021

**Secretary of State** 

2221122953CC

## Authorized Person(s) Detail:

Title

Name HUMPHERY, NATHAN E Address 10405 MALVASIA AVE City-State-Zip: RIVERVIEW FL 33578

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: NATHAN HUMPHERY

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

03/30/2021

Date