

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000199578

Entity Name: LEGACY WEAR, LLC**Current Principal Place of Business:**4905 SW 184 TERRACE
MIRAMAR, FL 33029**Current Mailing Address:**4905 SW 184 TERRACE
MIRAMAR, FL 33029 US**FEI Number: 87-1000444****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRELL AND ASSOCIATES, LLC
16745 CAGAN CROSSING BLVD
SUITE 102, #104
CLERMONT, FL 34714 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 CEO
Name WILLIAMS, JONAINÉ
Address 4905 SW 184 TERRACE
City-State-Zip: MIRAMAR FL 33029

Title CFO
Name HARRELL, WILLIE O II
Address 16788 MEADOWS STREET
City-State-Zip: CLERMONT FL 34714

Title MBR
Name WILLIAMS, JORDEN
Address 4905 SW 184 TERRACE
City-State-Zip: MIRAMAR FL 33029

Title MBR
Name WILLIAMS, JAYLIN
Address 4905 SW 184 TERRACE
City-State-Zip: MIRAMAR FL 33029

Title MBR
Name HARRELL, TIMOTHY O
Address 16788 MEADOWS STREET
City-State-Zip: CLERMONT FL 34714

Title MBR
Name HARRELL, JONATHAN O
Address 16788 MEADOWS STREET
City-State-Zip: CLERMONT FL 34714

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: WILLIE O. HARRELL II**CFO****03/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date