

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000260570

**Entity Name:** BROWN LEGACY IV LLC

**Current Principal Place of Business:**

11732 CHERRY BARK DR W  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

11732 CHERRY BARK DR W  
JACKSONVILLE, FL 32218 US

**FEI Number:** 88-2758832

**Certificate of Status Desired:** No

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

BROWN, SHARLENE  
11732 CHERRYBARK DRW  
JACKSONVILLE, FL 32218 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:** SHARLENE BROWN

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BROWN SR, FRANK  
Address 11732 CHERRYBARK DR W  
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR  
Name BROWN, SHARLENE  
Address 11732 CHERRY BARK DR W  
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR  
Name QUINONES, ASHLEY  
Address 11181 VERA DR  
City-State-Zip: JACKSONVILLE FL 32218

*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:** SHARLENE BROWN

MEMBER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date