# 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.

AR

## SIGNATURE: CLAYTON BOZEMAN

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

**Current Principal Place of Business:** 

DOCUMENT# L23000122638

35 KIRTON FRAZEY RD CRAWFORDVILLE, FL 32327 US

## FEI Number: 92-2974341

35 KIRTON FRAZEY RD CRAWFORDVILLE. FL 32327

### Name and Address of Current Registered Agent:

BOZEMAN, CLAYTON 35 KIRTON FRAZEY RD CRAWFORDVILLE, FL 32327 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

### Authorized Person(s) Detail :

Title	AR	Title	AR
Name	BOZEMAN, CLAYTON	Name	LOPEZ, MIGUEL
Address	35 KIRTON FRAZEY RD	Address	77 COLEMAN AVE
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	QUINCY FL 32351

Entity Name: LEGACY ROOFING & INSPECTIONS, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Certificate of Status Desired: No

02/05/2024

# FILED Feb 05, 2024 Secretary of State 0247192980CC

Date

Date