

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000092807

**Entity Name:** LEGION DYNAMICS CORP.

**Current Principal Place of Business:**

5014 WHISPERING WING LANE  
MASCOTTE, FL 34753

**Current Mailing Address:**

5014 WHISPERING WING LANE  
MASCOTTE, FL 34753 US

**FEI Number: 85-4209478**

**Certificate of Status Desired: No**

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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

**Officer/Director Detail :**

Title P  
Name DIAZ, STEVEN  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

Title TRE  
Name DIAZ, STEVEN  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

Title SEC  
Name DIAZ, STEVEN  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

Title VP  
Name CANCEL, RODDY  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

Title DIR  
Name DIAZ, STEVEN  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

Title DIR  
Name CANCEL, RODDY  
Address 5014 WHISPERING WING LANE  
City-State-Zip: MASCOTTE FL 34753

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DIAZ,STEVEN**

**P**

**04/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date