

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002221

**Entity Name:** LEGACYSHIELD SOLUTIONS, INC.

**Current Principal Place of Business:**

100 EXECUTIVE WAY  
SUITE 105  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

100 EXECUTIVE WAY  
SUITE 105  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 83-0709605

**Certificate of Status Desired:** No

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

ADVOS LEGAL PLLC  
5000 SAWGRASS VILLAGE CIR, STE 7  
PONTE VEDRA BEACH, FL 32082 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           DIRECTOR  
Name           BABIKIAN, MICHAEL  
Address        100 EXECUTIVE WAY  
                  SUITE 105  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           DIRECTOR, CEO  
Name           HALEY, CHRISTOPHER  
Address        100 EXECUTIVE WAY  
                  SUITE 105  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           DIRECTOR  
Name           MAXWELL, JOSEPH  
Address        3835 CLEGHORN AVENUE  
                  SUITE 200B  
City-State-Zip: NASHVILLE TN 37215

Title           DIRECTOR, OTHER  
Name           PIERSON, DANIEL  
Address        100 EXECUTIVE WAY  
                  SUITE 105  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** CHRISTOPHER L. HALEY

**CEO**

**01/14/2020**

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

\_\_\_\_\_  
Date