

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004970

**Entity Name:** LEDGE HARBOR MANAGEMENT INC.**Current Principal Place of Business:**505 S FLAGLER DR, STE 1550  
WEST PLAM BEACH, FL 33401**Current Mailing Address:**505 S FLAGLER DR, STE 1550  
WEST PLAM BEACH, FL 33401 US**FEI Number: 81-3725079****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	C
Name	TROPIN, KENNETH G
Address	505 S FLAGLER DR, STE 1550 C/O LEDGE HARBOR MANAGEMENT INC.
City-State-Zip:	WEST PLAM BEACH FL 33401

Title	S
Name	SPERRY, TIMOTHY
Address	505 S FLAGLER DR, STE 1550 C/O LEDGE HARBOR MANAGEMENT INC.
City-State-Zip:	WEST PLAM BEACH FL 33401

Title	P
Name	RICHARDS, DAPHNE
Address	505 S FLAGLER DR, STE 1550 C/O LEDGE HARBOR MANAGEMENT INC.
City-State-Zip:	WEST PLAM BEACH FL 33401

Title	COO
Name	DOUGLAS, BRIAN
Address	505 S FLAGLER DR, STE 1550 C/O LEDGE HARBOR MANAGEMENT INC.
City-State-Zip:	WEST PLAM BEACH FL 33401

*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: BRIAN DOUGLAS****COO****04/23/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date