

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000016164

Entity Name: LEGENATE INC.**Current Principal Place of Business:**575 N LAKE WAY
PALM BEACH, FL 33480**Current Mailing Address:**575 N LAKE WAY
PALM BEACH, FL 33480 US**FEI Number:** 46-2062436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNETT, CHARLES D
575 N LAKE WAY
PALM BEACH, FL 33480 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	PD
Name	BARNETT, JACOB B
Address	575 N LAKE WAY
City-State-Zip:	PALM BEACH FL 33480

Title	DST
Name	BARNETT, CHARLES D
Address	575 N LAKE WAY
City-State-Zip:	PALM BEACH FL 33480

Title	VP
Name	POPPER, MAUREEN
Address	201 PALM TRL
City-State-Zip:	DELRAY BEACH FL 33483

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: JACOB BARNETT

OWNER

01/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date