

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000039850

**Entity Name:** LEGACY PILLARS LLC

**Current Principal Place of Business:**

2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 86-1567554

**Certificate of Status Desired:** No

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

REID, PASCALE T  
2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
WEST PALM BEACH, FL 33407 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

**Authorized Person(s) Detail :**

Title MGR  
Name SCOTT, FELICIA  
Address 2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name SCOTT-TURNER, FELICIA  
Address 2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name REID, PASCALE T  
Address 2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name GREGORY, ANTHONY J  
Address 2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
City-State-Zip: WEST PALM BEACH FL 33407

*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.*

**SIGNATURE:** FELICIA SCOTT

**MGR**

**04/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date