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.

MANAGER

SIGNATURE: JAIVEER SINGH

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	SINGH, JAIVEER	Name	SINGH, HIMANI	
Address	492 RICHEY CRESCENT	Address	492 RICHEY CRESCENT	
City-State-Zip:	MISSISSAUGA ONTARIO L5G1N4	City-State-Zip:	MISSISSAUGA, ONTARIO L5G1N4	

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.

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LEIGHL, MALKIT 804 NICHOLAS PKWY E STE 1 CAPE CORAL, FL 33990 US

SIGNATURE:

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L1000004596

## Entity Name: BAS OF LEE COUNTY LIMITED LIABILITY COMPANY

#### **Current Principal Place of Business:**

804 NICHOLAS PKWY E STE 1 CAPE CORAL, FL 33990

### **Current Mailing Address:**

**492 RICHEY CRESCENT** MISSISSAUGA, ONTARIO L5G1N--4 CA

## FEI Number: 27-1665869

Date

Certificate of Status Desired: No

FILED Apr 23, 2020 Secretary of State 4856658811CC

> 04/23/2020 Date