

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000146448

**Entity Name:** FORESHIP, LLC**Current Principal Place of Business:**633 S. FEDERAL HWY.  
SUITE 300B  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**633 S. FEDERAL HWY.  
SUITE 300B  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 61-1705697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPLAN, RUSSELL D ESQ.  
7951 SW 6TH ST #210  
PLANTATION, FL 33324 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:** RUSSELL KAPLAN

02/24/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | MGR                         |
| Name            | IMMONEN, KAISA              |
| Address         | 633 S. FEDERAL HWY STE 300B |
| City-State-Zip: | FORT LAUDERDALE FL 33301    |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MGR                           |
| Name            | SWARD, BENJAMIN               |
| Address         | 633 S FEDERAL HWY. SUITE 300B |
| City-State-Zip: | FT LAUDERDALE FL 33301        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | P                             |
| Name            | SWARD, BENJAMIN               |
| Address         | 633 S FEDERAL HWY. SUITE 300B |
| City-State-Zip: | FT LAUDERDALE FL 33301        |

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:** BENJAMIN SWARD

PRESIDENT

02/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date