

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000015001

Entity Name: BASTILLE GOSHEN LLC**Current Principal Place of Business:**2161 CR. 540A
124
LAKELAND, FL 33813**Current Mailing Address:**1625 BROKEN ARROW TRAIL N
LAKELAND, FL 33813 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZMANN, MYRA
1241 CANDLEWOOD DRIVE
LAKELAND, FL 33813 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:** MYRA KATZMANN

04/15/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title AMBR
Name KATZMANN, JEREMY
Address 2161 CR. 540A #124
City-State-Zip: LAKELAND FL 33813Title AMBR
Name GARAS, TAREK
Address 2161 CR. 540A #124
City-State-Zip: LAKELAND FL 33813Title AMBR
Name KATZMANN, MYRA
Address 2161 CR. 540A #124
City-State-Zip: LAKELAND FL 33813Title AMBR
Name GARAS, MARIANNE
Address 2161 CR. 540A #124
City-State-Zip: LAKELAND FL 33813

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: MYRA KATZMANN**MANAGER**

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date