Electronic Signature of Signing Authorized Person(s) Detail

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: GEORGE SCHNELL

City-State-Zip: KEY LARGO FL 33037

DIRECTOR OF FINANCE & 02/03/2022 **ADMINISTRATION**

Authorized	Person(s) Detail :		
Title	MGRM	Title	MGRM
Name	CHARITABLE TRUST JENNIFER L. MCNAMARA	Name	CHARITABLE TRUST CHRISTOPHER J. LEE
Address	13 SUNRISE CAY DRIVE	Address	13 SUNRISE CAY DRIVE
City-State-Zip:	KEY LARGO FL 33037	City-State-Zi	b: KEY LARGO FL 33037
Title	MGRM		
Name	CHARITABLE TRUST BARBARA R. RHEE		
Address	13 SUNRISE CAY DRIVE		

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

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE:

Current Mailing Address:

Current Principal Place of Business:

303

13 SUNRISE CAY DRIVE

KEY LARGO, FL 33037

OCEAN REEF

5166 MAIN STREET WILLIAMSVILLE, NY 14221 US

FEI Number: 26-3251255

DOCUMENT# L08000075725 Entity Name: LEE CHARITABLE CAPITAL LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 03, 2022 Secretary of State 1474873946CC

Certificate of Status Desired: Yes

Date