

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075725

**Entity Name:** LEE CHARITABLE CAPITAL LLC

**Current Principal Place of Business:**

13 SUNRISE CAY DRIVE  
OCEAN REEF  
KEY LARGO, FL 33037

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**3813996913CC**

**Current Mailing Address:**

5166 MAIN STREET  
303  
WILLIAMSVILLE, NY 14221 US

**FEI Number: 26-3251255**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHARITABLE TRUST JENNIFER L. MCNAMARA  
Address 13 SUNRISE CAY DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title MGRM  
Name CHARITABLE TRUST CHRISTOPHER J. LEE  
Address 13 SUNRISE CAY DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title MGRM  
Name CHARITABLE TRUST BARBARA R. RHEE  
Address 13 SUNRISE CAY DRIVE  
City-State-Zip: KEY LARGO FL 33037

*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: GEORGE SCHNELL**

**DIRECTOR OF FINANCE & ADMINISTRATION 02/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date