# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MARK F ODONNELL ADMINSTRATOR 03/0

Electronic Signature of Signing Authorized Person(s) Detail

2018 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

# **Current Mailing Address:**

45 BRYANT WOODS NORTH AMHERST, NY 14228

## FEI Number: 26-3251255

#### 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

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

Certificate of Status Desired: No

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.

03/06/2018

# FILED Mar 06, 2018 Secretary of State CC7831886523

Date

Date