# Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: FOR KEEPS ENGRAVED LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

17500 DUQUESNE RD FORT MYERS, FL 33967

### **Current Mailing Address:**

DOCUMENT# L15000102739

17500 DUQUESNE RD FORT MYERS, FL 33967 US

## FEI Number: 47-4275847

### Name and Address of Current Registered Agent:

LEE, CHRISTOPHER 17500 DUQUESNE RD FORT MYERS, FL 33967 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	AMBR	Title	AMBR
Name	LEE, CHRISTOPHER	Name	LEE, JESSICA
Address	17500 DUQUESNE RD	Address	17500 DUQUESNE RD
City-State-Zip:	FORT MYERS FL 33967	City-State-Zip:	FORT MYERS FL 33967

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: JESSICA LEE

FILED Feb 19, 2020 Secretary of State 4396841849CC

Certificate of Status Desired: No

Date

02/19/2020 Date