

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000198323

**Entity Name:** JKM IMPACT WILDLIGHT, LLC

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY  
SUITE 504  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10175 FORTUNE PARKWAY  
SUITE 504  
JACKSONVILLE, FL 32256

**FEI Number:** 82-2905197

**Certificate of Status Desired:** No

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

KANJI, KISHOR N  
10175 FORTUNE PARKWAY  
SUITE 504  
JACKSONVILLE, FL 32256 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 MGR  
Name KANJI, KISHOR N  
Address 10175 FORTUNE PARKWAY, SUITE  
504  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER  
Name BHAKTA, HITESH  
Address 10175 FORTUNE PARKWAY  
SUITE 504  
City-State-Zip: JACKSONVILLE FL 32256

*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:** KISHOR KANJI

**MANAGING MAMBER**

**03/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date