

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000198323

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

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY  
SUITE 501  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10175 FORTUNE PARKWAY  
SUITE 501  
JACKSONVILLE, FL 32256 US

**FEI Number:** 82-2905197

**Certificate of Status Desired:** No

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

KANJI, KISHOR N  
10175 FORTUNE PARKWAY  
SUITE 501  
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	Title	MANAGER
Name	KANJI, KISHOR N	Name	BHAKTA, HITESH
Address	10175 FORTUNE PARKWAY, SUITE 501	Address	10175 FORTUNE PARKWAY SUITE 501
City-State-Zip:	JACKSONVILLE FL 32256	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

**MGR**

**04/08/2022**

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

\_\_\_\_\_  
Date