

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270326

**Entity Name:** LGIC3, LLC

**Current Principal Place of Business:**

1719 W BLUEWATER TER.  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

1719 W BLUEWATER TER.  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 83-2597347

**Certificate of Status Desired:** No

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

BEDWELL, NEVADA D  
1719 W BLUEWATER TER.  
NORTH FORT MYERS, FL 33903 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 BEDWELL, NEVADA D  
Address 1719 W BLUEWATER TER.  
City-State-Zip: NORTH FORT MYERS FL 33903

Title AMBR  
Name ADVANTA IRA FBO NEVADA D.  
BEDWELL ACCT 8006543  
Address 1719 W BLUEWATER TER.  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** NEVADA BEDWELL

MGR

02/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date