

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000248750

**Entity Name:** JASON KOHN ROTH IRA, LLC

**Current Principal Place of Business:**

8389 RIVIERA AVE  
FT. MYERS, FL 33919

**Current Mailing Address:**

8389 RIVIERA AVE  
FT. MYERS, FL 33919 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ST. CLAIR, RONALD  
709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914 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 KOHN, JASON  
Address 8389 RIVIERA AVE  
City-State-Zip: FT. MYERS FL 33919

*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:** JASON KOHN

OWNER

06/26/2020

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

\_\_\_\_\_ Date