

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000192930

**Entity Name:** BASAL LLC

**Current Principal Place of Business:**

3832-10 BAYMEADOWS RD  
#341  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4335 ST ALBANS DR  
JACKSONVILLE, FL 32257 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FLEMING, WILLIAM E  
4335 ST ALBANS DR  
JACKSONVILLE, FL 32257 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	AMBR	Title	AMBR
Name	FLEMING, SHAWN E	Name	FLEMING, WILLIAM E
Address	1827 N GRANT ST SUITE 206	Address	4335 ST ALBANS DR
City-State-Zip:	DENVER CO 80203	City-State-Zip:	JACKSONVILLE FL 32257

*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:** SHAWN E FLEMING

MEMBER

03/21/2022

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

\_\_\_\_\_ Date