

A09 0000000160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

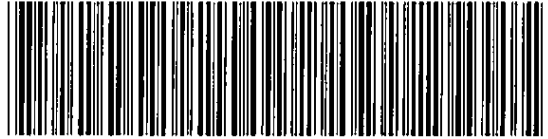
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2024

JOSE GARCIA
3158 N BAY RD
MIAMI BEACH, FL 33140

SUBJECT: JIG FAMILY HOLDINGS, LLLP
Ref. Number: A09000000160

We have received your document for JIG FAMILY HOLDINGS, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

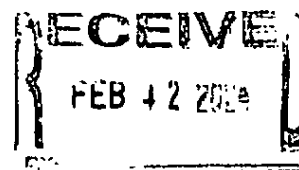
Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 524A00000844

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STATE
TALLAHASSEE, FL



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JFB Family Holdings, LLC
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000160

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSE M Garcia
Contact Person
JFB Family Holdings, LLC
Firm/Company
3158 N Bay Rd
Address
MIAMI Beach, FL 33140
City, State and Zip Code
Pepe958@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

JOSE Garcia at (305) 796-9442
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. JFB Family Holdings, LLC
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/10/2009 3. A09000000160
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Thomas O. Wells, P.A.
Name
901 Ponce De Leon Blvd # 200
Address
Coral Gables, FL 33134
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JOSE Garcia
Name
3158 N Bay Rd
Florida street address (P.O. Box not acceptable)
MIAMI BEACH FL 33140
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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STATE OF FLORIDA
TALLAHASSEE, FL