

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023398

**Entity Name:** JMP INVEST, LLC

**Current Principal Place of Business:**

801 SOUTHWEST 16TH AVENUE  
SUITE 24  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

801 SOUTHWEST 16TH AVENUE  
SUITE 24  
DELRAY BEACH, FL 33444 US

**FEI Number:** 65-1197255

**Certificate of Status Desired:** No

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

DEROSA, MICHAEL  
801 SOUTHWEST 16TH AVENUE  
SUITE 24  
DELRAY BEACH, FL 33444 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 MRG  
Name JMP, INVEST,LLC  
Address 801 SOUTHWEST 16TH AVENUE  
SUITE 24  
City-State-Zip: DELRAY BEACH FL 33444

Title P  
Name COYLE, JOHN  
Address 801 SW 16TH AVE # 24  
City-State-Zip: DELRAY BEACH FL 33444

Title P  
Name DEROSA, MICHAEL  
Address 801 SW 16TH AVE.# 24  
City-State-Zip: DELRAY BEACH FL 33444

Title P  
Name FALCONE, PHILIP  
Address 801 SW 16TH AVE.#24  
City-State-Zip: DELRAY BEACH FL 33444

*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:** JOHN COYLE

**OWNER**

**01/06/2015**

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

\_\_\_\_\_  
Date