Certificate of Status Desired: Yes					
Name and Address of Current Registered Agent:					
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.					
09/29/202					
f					

## 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000054665

Entity Name: JRS FAMILY LLC

## **Current Principal Place of Business:**

5646 WEST ATLANTIC BLVD MARGATE, FL 33063

#### **Current Mailing Address:**

5646 WEST ATLANTIC BLVD MA

## FE

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	SIGNATURE	SCOTT SILVER			09/29/2021
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	MEMB	Title	MEMB	
	Name	SILVER, SCOTT RMGRM	Name	SILVER, RYAN CMGRM	
	Address	5646 WEST ATLANTIC BLVD	Address	5646 WEST ATLANTIC BLVD	
	City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063	
	Title	MGR			
	Name	SILVER, JULIA			
	Address	3463 HIGH RIDGE RD			
	City-State-Zip:	BOYNTON BEACH FL 33426			

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: JULIA SILVER

MANAGER

09/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Sep 29, 2021 **Secretary of State** 0381242031CR

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