

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123149

Entity Name: JAI MA OF STARKE, LLC

Current Principal Place of Business:

401 W. BROWNLEE STREET
STARKE, FL 32091

Current Mailing Address:

P O BOX 784
STARKE, FL 32091 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THAKOR, MINA K
401 W. BROWNLEE STREET
STARKE, FL 32091 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 MGRM
Name THAKOR, MINA K
Address 401 W. BROWNLEE STREET
City-State-Zip: STARKE FL 32091

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: MINA THAKOR

MANAGER

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date