

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115881

**Entity Name:** JKR MANAGEMENT, LLC

**Current Principal Place of Business:**

2849 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

2849 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 26-1428659

**Certificate of Status Desired:** No

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

PARANZINO, KAREN  
2849 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953 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           MANAGER  
Name           PARANZINO, KAREN A  
Address        2849 SW PORT ST. LUCIE BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title           MANAGER  
Name           PARANZINO, JOSEPH  
Address        2849 SW PORT ST. LUCIE BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title           MANAGER  
Name           PARANZINO, RONALD J  
Address        2849 SW PORT ST. LUCIE BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** KAREN PARANZINO

MANAGER

02/28/2019

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

\_\_\_\_\_ Date