

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082643

**Entity Name:** JADEN MANAGEMENT LLC

**Current Principal Place of Business:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN A. SCIARRETTA, P.A.  
BOCA RATON, FL 33431

**Current Mailing Address:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN A. SCIARRETTA, P.A.  
BOCA RATON, FL 33431

**FEI Number:** 26-3303236

**Certificate of Status Desired:** Yes

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

SCIARRETTA, STEVEN A  
2799 NW BOCA RATON BLVD., SUITE 203  
BOCA RATON, FL 33431 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	MGR	Title	MANAGER
Name	KARP, KOBI	Name	KARP, NANCY BOUSKELA
Address	571 NW 28TH STREET	Address	571 NW 28TH STREET
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127

*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:** NANCY KARP

**MGR**

**02/19/2024**

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

\_\_\_\_\_  
Date