

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000072055

Entity Name: JEM LENDING, LLC**Current Principal Place of Business:**901 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES, FL 33134**Current Mailing Address:**901 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES, FL 33134 US**FEI Number:** 27-3051379**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, JOSE M
901 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES, FL 33134 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:** JOSE M TORRES

01/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COSTA, JOSE A. III
Address 21800 SW 162 AVENUE
City-State-Zip: MIAMI FL 33170

Title MGR
Name COSTA, EDUARDO C.
Address 901 PONCE DE LEON BLVD.
SUITE 402
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SUAREZ, ALBERTO J.
Address 901 PONCE DE LEON BLVD.
SUITE 402
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SUAREZ, MARGARITA COSTA
Address 901 PONCE DE LEON BLVD.
SUITE 402
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SMITH, JOSE I. III
Address 901 PONCE DE LEON BLVD.
SUITE 402
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SMITH, MARIA COSTA
Address 901 PONCE DE LEON BLVD.
SUITE 402
City-State-Zip: CORAL GABLES FL 33134

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: JOSE COSTA**MANAGER**

01/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date