

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000029421

**Entity Name:** 3JCMA, LLC**Current Principal Place of Business:**5261 CANE ISLAND LOOP UNIT 102  
KISSIMMEE, FL 34746**Current Mailing Address:**5261 CANE ISLAND LOOP UNIT 102  
KISSIMMEE, FL 34746 US**FEI Number:** 45-4702887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERVICE LLC  
7901 KINGSPONTE PKWY STE 17  
ORLANDO, FL 32819 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:** CAROLINE G LARSON

04/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name SANTOS DA SILVA, JOAO CARLOS  
Address 5261 CANE ISLAND LOOP UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER  
Name CARVALHO DA SILVA, ANA C  
Address 5261 CANE ISLAND LOOP UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER  
Name CARVALHO DA SILVA, JULIA B  
Address 5261 CANE ISLAND LOOP UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title AUTHORIZED MEMBER  
Name CARVALHO DA SILVA, CLAUDIA REGINA  
Address 5261 CANE ISLAND LOOP UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER  
Name CARVALHO DA SILVA, MARIA E  
Address 5261 CANE ISLAND LOOP UNIT 102  
City-State-Zip: KISSIMMEE FL 34746

*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:** CLAUDIA REGINA CARVALHO DA SILVA

AMBR

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date