

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000151660

**Entity Name:** JEMARIA, LLC

**Current Principal Place of Business:**

748 GLENRIDGE ROAD  
KEY BISCAVNE, FL 33149

**Current Mailing Address:**

748 GLENRIDGE ROAD  
KEY BISCAVNE, FL 33149 US

**FEI Number:** 30-0757475

**Certificate of Status Desired:** No

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

SCHMACHTENBERG, LEE C  
1533 SUNSET DRIVE  
SUITE 201  
CORAL GABLES, FL 33143 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                  | Title           | MGR                   |
| Name            | ARZE, ROSE MARIE      | Name            | PEREYRA, ALEJANDRO    |
| Address         | 748 GLENRIDGE ROAD    | Address         | 748 GLENRIDGE ROAD    |
| City-State-Zip: | KEY BISCAVNE FL 33149 | City-State-Zip: | KEY BISCAVNE FL 33149 |

*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:** ALEJANDRO PEREYRA

**MANAGER**

**04/16/2016**

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

\_\_\_\_\_  
Date