Name and A	ddress of Current Registered Agent:			
		nistered office or r	registered agent or both in the State of P	Tlorida
The above hamed	entity submits this statement for the purpose of changing its re	gistered onice of i	egistered agent, or both, in the State of T	ionua.
SIGNATURE	ALBERTO FLORES		03/27/2016	
	Electronic Signature of Registered Agent			Date
Authorized F	Person(s) Detail :			
Title	MGRM	Title	OPERATIONS MANAGER	

**Current Principal Place of Business:** 4376 N STATE ROAD7 SUITE 114 CORAL SPRINGS, FL 33073

DOCUMENT# L12000160485

Entity Name: JUST ASK JENN LLC

## **Current Mailing Address:**

4837 NW 72ND PL COCONUT CREEK, FL 33073 US

## FEI Number: 46-1664337

## Nar

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: ALBERTO FLORES

03/27/2016 **OPERATIONS MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Authorized	Person(s	) Detail :
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Title	MGRM	Title	OPERATIONS MANAGER
Name	FLORES, JENNIFER	Name	FLORES, ALBERTO J
Address	4837 NW 72ND PL	Address	4837 NW 72ND PL
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073

## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Date