

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000013814

**Entity Name:** JENOPTIK OPTICAL SYSTEMS, LLC

**Current Principal Place of Business:**

16490 INNOVATION DRIVE  
JUPITER, FL 33478

**Current Mailing Address:**

16490 INNOVATION DRIVE  
JUPITER, FL 33478

**FEI Number:** 65-0284601

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name JENOPTIK NORTH AMERICA, INC.  
Address 16490 INNOVATION DRIVE  
City-State-Zip: JUPITER FL 33478

Title PRESIDENT, DIRECTOR  
Name KUMLER, JAY  
Address 16490 INNOVATION DRIVE  
City-State-Zip: JUPITER FL 33478

Title VP  
Name BOREK, GREGG  
Address 16490 INNOVATION DRIVE  
City-State-Zip: JUPITER FL 33478

Title VP FINANCE, SECRETARY  
Name BAUER, CHRISTINA  
Address 16490 INNOVATION DRIVE  
City-State-Zip: JUPITER FL 33478

*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:** JAY KUMLER

**PRESIDENT**

**03/15/2022**

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

\_\_\_\_\_  
Date