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. 01/11/2017

MANAGER

SIGNATURE: RAFAEL SUAREZ

Electronic Signature of Signing Authorized Person(s) Detail

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030160

Entity Name: JEWELERS TOOLS AND SUPPLIES, LLC

**Current Principal Place of Business:** 

55 N.E. 1 STREET 7 MIAMI, FL 33132

### **Current Mailing Address:**

55 N.E. 1 STREET 7 MIAMI, FL 33132

## FEI Number: 46-2208672

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SUAREZ, RAFAEL JR 55 N.E. 1 STREET MIAMI, FL 33132 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:

	5	0	0		
Authorize	d Person(s) Detail :				
Title	MGRM			Title	MANAG
Name	SUAREZ, RAFAEL JR			Name	SUARE

Title	MGRM	Title	MANAGER
Name	SUAREZ, RAFAEL JR	Name	SUAREZ, SANDRA
Address	55 N.E. 1 STREET SUITE 7	Address	55 N.E. 1 STREET 7
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

FILED Jan 11, 2017 Secretary of State CC6076565330

Certificate of Status Desired: No

Date

Date