

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000154263

**Entity Name:** JICALVI LLC

**Current Principal Place of Business:**

6937 SW 109 PLACE  
MIAMI, FL 33173

**Current Mailing Address:**

PO BOX 227506  
DORAL, FL 33222-7506 US

**FEI Number:** 33-1230353

**Certificate of Status Desired:** No

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

REP MANAGEMENT SERVICES LLC  
6937 SW 109 PLACE  
MIAMI, FL 33173 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:** ANDRES CRUZ

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name            OCON-ALONSO, MARIA V  
Address         PO BOX 227506  
City-State-Zip: DORAL FL 33222-7506

*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:** OCON-ALONSO , MARIA V

MANAGER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date