

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169465

**Entity Name:** JACOBS LEGAL PLLC

**Current Principal Place of Business:**

169 E FLAGLER STREET  
STE 1620  
MIAMI, FL 33131

**Current Mailing Address:**

169 EAST FLAGLER STREET,  
SUITE 1620  
MIAMI, FL 33131 US

**FEI Number:** 46-4246916

**Certificate of Status Desired:** No

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

JACOBS, BRUCE  
169 E FLAGLER STREET  
STE 1620  
MIAMI, FL 33131 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 MGR  
Name JACOBS, BRUCE  
Address 169 E FLAGLER STREET, STE 1620  
City-State-Zip: MIAMI FL 33131

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:** BRUCE JACOBS

**PRESIDENT/OWNER**

**08/16/2021**

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

\_\_\_\_\_  
Date