

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000091026

**Entity Name:** JAH INSURANCE INTERNATIONAL LLC

**Current Principal Place of Business:**

7950 NW 53RD ST UNIT 228  
DORAL, FL 33166

**Current Mailing Address:**

7950 NW 53RD ST UNIT 228  
DORAL, FL 33166

**FEI Number:** 47-1083083

**Certificate of Status Desired:** No

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

SALAZAR, PATRICIA  
7950 NW 53RD ST UNIT 228  
DORAL, FL 33166 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	Title	MGR
Name	SALAZAR, PATRICIA	Name	CARRILLO, HELENA
Address	7950 NW 53RD ST UNIT 228	Address	7950 NW 53RD ST UNIT 228
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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:** HELENA CARRILLO PACHON

MGR

01/09/2017

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

\_\_\_\_\_ Date