

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092366

**Entity Name:** JOLICE, LLC

**Current Principal Place of Business:**

17971 BISCAYNE BOULEVARD  
SUITE 221  
AVENTURA, FL 33160

**Current Mailing Address:**

17971 BISCAYNE BOULEVARD  
SUITE 221  
AVENTURA, FL 33160 US

**FEI Number:** 38-3937336

**Certificate of Status Desired:** No

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

WILLIAM J. SEGAL, P.A.  
17971 BISCAYNE BOULEVARD  
SUITE 221  
AVENTURA, FL 33160 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 FROMAGER, BRIGITTE  
Address 17971 BISCAYNE BOULEVARD  
SUITE 221  
City-State-Zip: AVENTURA FL 33160

Title AMBR  
Name BERRARD, BRICE  
Address 17971 BISCAYNE BOULEVARD  
SUITE 221  
City-State-Zip: AVENTURA FL 33160

Title AMBR  
Name FROMAGER, JOLAN  
Address 17971 BISCAYNE BOULEVARD  
SUITE 221  
City-State-Zip: AVENTURA FL 33160

*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:** BRIGITTE FROMAGER

MGR

02/04/2017

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

\_\_\_\_\_  
Date