

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000094274

**Entity Name:** JASCAP, LLC

**Current Principal Place of Business:**

28493 DEL LAGO WAY  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

P.O. BOX 39  
3590 ROUTE 9 SUITE 202  
COLD SPRING, NY 10516 US

**FEI Number:** 47-1094634

**Certificate of Status Desired:** No

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

SHAD, JEFFREY A  
28493 DEL LAGO WAY  
BONITA SPRINGS, FL 34135 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            AMBR  
Name            SHAD, JEFFREY A  
Address        P.O. BOX 39  
                  3590 ROUTE 9 SUITE 202  
City-State-Zip: COLD SPRING NY 10516

*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:** JEFFREY A. SHAD

**MANAGING MEMBER**

**03/13/2016**

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

\_\_\_\_\_ Date