

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000122997

**Entity Name:** JONATHAN COMPAAN, LLC

**Current Principal Place of Business:**

5620 NATHAN HALE ROAD  
UNIT 2  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

PO BOX 37183  
JACKSONVILLE, FL 32236 US

**FEI Number:** 47-1537883

**Certificate of Status Desired:** No

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

COMPAAN, JONATHAN  
5620 NATHAN HALE ROAD  
UNIT 2  
JACKSONVILLE, FL 32221 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            COMPAAN, JONATHAN  
Address        5620 NATHAN HALE ROAD  
                  UNIT 2  
City-State-Zip: JACKSONVILLE FL 32221

*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:** JONATHAN COMPAAN

**OWNER**

**04/28/2024**

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

\_\_\_\_\_  
Date