#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000138404

Entity Name: JMP FINANCE, LLC

# **Current Principal Place of Business:**

2525 PONCE DE LEON BLVD.

300

CORAL GABLES, FL 33134

## **Current Mailing Address:**

PO BOX 143406

CORAL GABLES, FL 33114 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

FILED Apr 24, 2019

**Secretary of State** 

3369752677CC

## Name and Address of Current Registered Agent:

MCPHILLIPS LAW FIRM PA 2525 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33134 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 AUTHORIZED REPRESENTATIVE

Name MCPHILLIPS, FRANK

Address 2525 PONCE DE LEON BLVD.

300

City-State-Zip: CORAL GABLES FL 33134

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: FRANK MCPHILLIPS

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/24/2019

Date