

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000185497

**Entity Name:** JAMAPA LLC

**Current Principal Place of Business:**

100 OCEAN LANE DR, UNIT 208  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

100 OCEAN LANE DR, UNIT 208  
KEY BISCAYNE, FL 33149 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

POINTET, LAURENCE  
100 OCEAN LANE DR, UNIT 208  
KEY BISCAYNE, FL 33149 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 MBR  
Name MCNAMEE, JANE  
Address 100 OCEAN LANE DR, UNIT 208  
City-State-Zip: KEY BISCAYNE FL 33149

Title MBR  
Name POINTET, MARK  
Address 100 OCEAN LANE DR, UNIT 208  
City-State-Zip: KEY BISCAYNE FL 33149

Title MBR  
Name COLAFRANCESCHI, JESSICA  
Address 100 OCEAN LANE DR, UNIT 208  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** MARK POINTET

**MANAGER**

**03/02/2018**

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

\_\_\_\_\_  
Date