Current Prir	•			
1773 SW 6TH [				
POMPANO BE	ACH, FL 33060			
Current Mai	ling Address:			
1773 SW 6T	H DR			
POMPANO	BEACH, FL 33060 US			
FEI Number	: 47-4400811		Certificate of Status Desi	rod. No
			Certificate of Status Desi	reu. No
Name and A	ddress of Current Registered Agent:			
MONCADA, JIN 4708 NW 114TI				
UNIT 202 DORAL, FL 33	178 US			
·				
The above named	l entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	rida.
	entity submits this statement for the purpose of changing its re : JIMMY R MONCADA	gistered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 04/03/2023
		gistered office or regis	tered agent, or both, in the State of Flo	
SIGNATURE	E JIMMY R MONCADA	gistered office or regis	tered agent, or both, in the State of Flo	04/03/2023
SIGNATURE	E: JIMMY R MONCADA Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flo	04/03/2023
SIGNATURE	JIMMY R MONCADA     Electronic Signature of Registered Agent  Person(s) Detail :			04/03/2023
SIGNATURE Authorized	JIMMY R MONCADA     Electronic Signature of Registered Agent Person(s) Detail : P	Title	VP	04/03/2023
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent  Person(s) Detail : P ORTIZ, ALBA L	Title Name Address	VP JONATHAN, ORTIZ	04/03/2023
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : P ORTIZ, ALBA L 1773 SW 6TH DR	Title Name Address	VP JONATHAN, ORTIZ 1773 SW 6TH DR	04/03/2023
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : P ORTIZ, ALBA L 1773 SW 6TH DR	Title Name Address	VP JONATHAN, ORTIZ 1773 SW 6TH DR	04/03/2023
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : P ORTIZ, ALBA L 1773 SW 6TH DR	Title Name Address	VP JONATHAN, ORTIZ 1773 SW 6TH DR	04/03/2023

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.

Ρ

SIGNATURE: JONATHAN ORTIZ

Electronic Signature of Signing Authorized Person(s) Detail

04/03/2023

Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000109488

Entity Name: JM PRO GROUP LLC

## Current Principal Place of Business