

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000140266

**Entity Name:** RICHARD JOB LLC

**Current Principal Place of Business:**

17209 HARBOR VISTA CIRCLE  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

1093 A1A BEACH BLVD, #305  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 47-4759465

**Certificate of Status Desired:** No

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

JOB, RICHARD  
17209 HARBOR VISTA CIRCLE  
ST AUGUSTINE, FL 32080 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	Title	MGR
Name	JOB, RICHARD	Name	JOB, RICHARD
Address	17209 HARBOR VISTA CIRCLE	Address	17209 HARBOR VISTA CIRCLE
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080

*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:** RICHARD JOB

**PRESIDENT**

**02/11/2023**

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

\_\_\_\_\_  
Date