

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000204874

**Entity Name:** J BURKES ENTERPRISE, LLC

**Current Principal Place of Business:**

1462 AUBURN CT  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

PO BOX 2055  
TALLAHASSEE, FL 32316 US

**FEI Number:** 81-0857610

**Certificate of Status Desired:** Yes

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

BURKES, DEMETRIUS  
1462 AUBURN CT  
TALLAHASSEE, FL 32305 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	BURKES, DEMETRIUS	Name	BLOOM , KEVIN L
Address	1462 AUBURN CT	Address	1462 AUBURN CT
City-State-Zip:	TALLAHASSEE FL 32305	City-State-Zip:	TALLAHASSEE FL 32305

*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:** DEMETRIUS BURKES

AMBR

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date