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 <sup>,</sup> KEVIN BLOOM	MANAGER	02/10/2023			

SIGNATURE: KEVIN BLOOM
------------------------

## **Current Mailing Address:**

PO BOX 6811 TALLAHASSEE, FL 32314 US

## FEI Number: 81-0857610

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

BLOOM, K 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:	K BLOOM			02/10/2023	
	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		

3035 ELIZA RD UNIT #1027 TALLAHASSEE, FL 32308

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000204874

Entity Name: J BURKES ENTERPRISE, LLC

# **Current Principal Place of Business:**

FILED Feb 10, 2023 Secretary of State 7673177985CC

Certificate of Status Desired: No

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date