

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000042658

**Entity Name:** SELL MORE WITH JAK, LLC

**Current Principal Place of Business:**

3225 S. MACDILL AVE.  
SUITE #129-224  
TAMPA, FL 33629

**Current Mailing Address:**

3225 S. MACDILL AVE.  
SUITE #129-224  
TAMPA, FL 33629

**FEI Number:** 81-1669821

**Certificate of Status Desired:** No

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

MAGDOVITZ, JOEL  
3225 S. MACDILL AVE.  
SUITE #129-224  
TAMPA, FL 33629 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           | MM                   | Title           | MM                   |
| Name            | MAGDOVITZ, JOEL      | Name            | MCMULLEN, KRISTEN    |
| Address         | 3225 S. MACDILL AVE. | Address         | 3225 S. MACDILL AVE. |
| City-State-Zip: | TAMPA FL 33629       | City-State-Zip: | TAMPA FL 33629       |

*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:** JOEL MAGDOVITZ

**MEMBER**

**03/15/2017**

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

\_\_\_\_\_  
Date