

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000082795

**Entity Name:** TRIPLE"J" PLASTERING&STUCCO LLC

**Current Principal Place of Business:**

301 SAM SMITH CR  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

301 SAM SMITH CIRCLE  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 81-2322119

**Certificate of Status Desired:** No

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

1982  
301 SAM SMITH CIRCLE  
CRAWFORDVILLE, FL 32327 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:** JOEL MITJA

11/06/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MITJA, JOEL A II  
Address 301 SAM SMITH CIRCLE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AUTHORIZED MEMBER  
Name DIMIC, STEFANIE  
Address 301 SAM SMITH CR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AUTHORIZED MEMBER  
Name WILEY, EVAN  
Address 301 SAM SMITH CR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AUTHORIZED MEMBER  
Name ARNOLD, DYLAN  
Address 301 SAM SMITH CR  
City-State-Zip: CRAWFORDVILLE FL 32327

*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 A MITJA

**OWNER**

11/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date