

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000158714

Entity Name: JO TOWN CENTER 160, LLC**Current Principal Place of Business:**14747 N NORTHSIGHT BLVD
STE 111-431
SCOTTSDALE, AZ 85260**Current Mailing Address:**14747 N NORTHSIGHT BLVD
STE 111-431
SCOTTSDALE, AZ 85260 US**FEI Number:** 81-3769606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MANAGER
Name	ALDRETE, JAVIER
Address	14747 N NORTHSIGHT BLVD STE 111-431
City-State-Zip:	SCOTTSDALE AZ 85260
Title	MEMBER
Name	JO TOWN CENTER 160 HOLDING COMPANY, LLC
Address	14747 N NORTHSIGHT BLVD STE 111-431
City-State-Zip:	SCOTTSDALE AZ 85260

Title	MANAGER
Name	PACHECO, MICHAEL
Address	14747 N NORTHSIGHT BLVD STE 111-431
City-State-Zip:	SCOTTSDALE AZ 85260
Title	MANAGER
Name	HARRISON, DAVE
Address	14747 N NORTHSIGHT BLVD STE 111-431
City-State-Zip:	SCOTTSDALE AZ 85260

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: MICHAEL PACHECO

MANAGER

05/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date