

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000158764

**FILED**  
**Mar 17, 2019**  
**Secretary of State**  
**8570370206CC**

**Entity Name:** JMI TRUSTS INVESTMENTS, LLC

**Current Principal Place of Business:**

OCEAN TWO CONDO, UNIT #1003  
19111 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

OCEAN TWO CONDO, UNIT #1003  
19111 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 81-3678204

**Certificate of Status Desired:** No

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

CHYATTE, JUDY A  
OCEAN TWO CONDO, UNIT #1003  
19111 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 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           CHYATTE, JUDY ANTEBI  
Address        OCEAN TWO CONDO, UNIT #1003  
                  19111 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           MANAGER  
Name           ANTEBI, ISAAC STEVE  
Address        OCEAN TWO CONDO, UNIT #1003  
                  19111 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           MANAGER  
Name           ANTEBI, MARK  
Address        OCEAN TWO CONDO, UNIT #1003  
                  19111 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** JUDY A. CHYATTE

**MANAGER**

**03/17/2019**

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

\_\_\_\_\_  
Date