

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000182076

**Entity Name:** JUMPER BEAST LLC

**Current Principal Place of Business:**

2465 E SUNRISE BLVD. #N  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

JUMPER BEAST LLC  
12517 EQUINE LANE  
WELLINGTON, FL 33414

**FEI Number:** 81-4487500

**Certificate of Status Desired:** No

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

FILINGS, INC.  
3732 NW 16TH STREET  
FORT LAUDERDALE, FL 33311 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            AMBR  
Name            WARRICK, WALTER  
Address        12517 EQUINE LANE  
City-State-Zip: WELLINGTON FL 33414

Title            AMBR  
Name            WARRICK, KIMBERLY  
Address        12517 EQUINE LANE  
City-State-Zip: WELLINGTON FL 33414

*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:** WALTER WARRICK

AMBR

02/14/2019

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

\_\_\_\_\_  
Date