

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000088234

**Entity Name:** 2889JA, LLC

**Current Principal Place of Business:**

2889 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

2889 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176 US

**FEI Number:** 82-1277415

**Certificate of Status Desired:** No

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

SCARTELLI, LISA  
2889 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176 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:** LISA SCARTELLI

03/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SCARTELLI, LISA  
Address 2889 JOHN ANDERSON DR.  
City-State-Zip: ORMOND BEACH FL 32176

Title AUTHORIZED REPRESENTATIVE  
Name DICKEY, ROBERT E  
Address 2889 JOHN ANDERSON DR.  
City-State-Zip: ORMOND BEACH FL 32176

*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:** LISA SCARTELLI

AR

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date