

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000186099

**Entity Name:** JACOBTAKEOVER LLC

**Current Principal Place of Business:**

100 GOLDEN ISLES DRIVE  
PH 9  
HALLANDALE, FL 33009

**Current Mailing Address:**

100 GOLDEN ISLES DRIVE  
PH 9  
HALLANDALE, FL 33009

**FEI Number:** 82-2660761

**Certificate of Status Desired:** No

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

BENNETT, MICHELLE J  
100 GOLDEN ISLES DRIVE  
APT. PH9  
HALLANDALE, FL 33009 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 MGR  
Name BENNETT, MICHELLE J  
Address 100 GOLDEN ISLES DRIVE PH9  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name HEDLUND, SHERYLJAN  
Address 611 EAST MARKET STREET  
City-State-Zip: PANORA IA 50216

*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:** MICHELLE BENNETT

MGR

04/29/2021

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

\_\_\_\_\_  
Date