

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000207529

Entity Name: JCUBED, L.L.C.**Current Principal Place of Business:**2922 NW 24TH TERR.
GAINESVILLE, FL 32605**Current Mailing Address:**2922 NW 24TH TERR.
GAINESVILLE, FL 32605 US**FEI Number:** 82-3025961**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SASTRE, JON J
2922 NW 24TH TERR.
GAINESVILLE, FL 32605 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 | SASTRE, JON J |
| Address | 2922 NW 24TH TERR. |
| City-State-Zip: | GAINESVILLE FL 32605 |

| | |
|-----------------|-----------------------|
| Title | AMGR |
| Name | TAUB, MERRILL J |
| Address | 8820 SW 153 TERRACE |
| City-State-Zip: | PALMETTO BAY FL 33157 |

| | |
|-----------------|----------------------|
| Title | AMGR |
| Name | CALAMA, JUAN C |
| Address | 2922 NW 24TH TERRACE |
| City-State-Zip: | GAINESVILLE FL 32605 |

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: JON J SASTRE

MGR

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date