

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000221185

**Entity Name:** JAMBO, LLC

**Current Principal Place of Business:**

1105  
W. POINTE VISTA PATH  
HERNANDO, FL 34442

**Current Mailing Address:**

P.O. BOX 1704  
LECANTO, FL 34460 US

**FEI Number:** 30-1008331

**Certificate of Status Desired:** No

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

ALTASS, JANE  
1105  
W. POINTE VISTA PATH  
HERNANDO, FL 34442 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 ALTASS, JANE  
Address P.O. BOX 1704  
City-State-Zip: LECANTO FL 34460

Title AMBR  
Name LAMBO, DAVID  
Address P.O. BOX 1704  
City-State-Zip: LECANTO FL 34460

*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:** JANE ALTASS

MS

02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date