

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000003777

**Entity Name:** JAXPROP, LLC

**Current Principal Place of Business:**

3948 3RD ST. SOUTH, #250  
JACKSONVILLE BEACG, FL 32250

**Current Mailing Address:**

3948 3RD ST. SOUTH, #250  
JACKSONVILLE BEACG, FL 32250 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

APOLITO, ALESSANDRO A ESQ.  
822 N A1A SUITE 101  
PONTE VEDRA BEACH, FL 32202 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 LEINAN, JEFFREY W  
Address 3948 3RD ST. SOUTH, #250  
City-State-Zip: JACKSONVILLE BEACG FL 32250

Title MGR  
Name LEINAN, CARIDAD  
Address 3948 3RD ST. SOUTH, #250  
City-State-Zip: JACKSONVILLE BEACG FL 32250

*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:** JEFFREY W LEINAN

**MGR**

**07/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date