

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000012015

**Entity Name:** JASKOT ENTERPRISES LLC

**Current Principal Place of Business:**

617 MERCY DRIVE  
ORLANDO, FL 32805

**Current Mailing Address:**

617 MERCY DRIVE  
ORLANDO, FL 32805 US

**FEI Number:** 82-4161351

**Certificate of Status Desired:** Yes

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

LENOX, DAVID R ESQ.  
201 E. PINE STREET, SUITE 500  
ORLANDO, FL 32801 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 JASKOT, JEFFREY  
Address 617 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32805

Title AMBR  
Name JASKOT, JERRY  
Address 617 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32805

Title AMBR  
Name JASKOT, CHERYL  
Address 617 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32805

Title AMBR  
Name JASKOT, MAYA  
Address 617 MERCY DRIVE  
City-State-Zip: ORLANDO FL 32805

*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:** JERRY US US ADDRESS JASKOT

**MEMBER**

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date