

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000114528

**Entity Name:** JACK OF ALL TRADES CARPENTRY, LLC

**Current Principal Place of Business:**

17320 NW 320TH ST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

17320 NW 320TH ST  
OKEECHOBEE, FL 34972 US

**FEI Number: 83-0595232**

**Certificate of Status Desired: No**

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

SANTAMARINA, JACK G  
17320 NW 320TH ST  
OKEECHOBEE, FL 34972 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                | Title           | AMBR                   |
| Name            | SANTAMARINA, JACK G | Name            | SANTAMARINA, KRYSTAL J |
| Address         | 17320 NW 320TH ST   | Address         | 17320 NW 320TH ST      |
| City-State-Zip: | OKEECHOBEE FL 34972 | City-State-Zip: | OKEECHOBEE FL 34972    |

*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: JACK SANTAMARINA**

**OWNER**

**04/29/2023**

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

\_\_\_\_\_  
Date