

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000014737

**Entity Name:** JC ACADEMY, LLC

**Current Principal Place of Business:**

202 OLD BLUFF DR.  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

202 OLD BLUFF DR.  
PONTE VEDRA, FL 32081 US

**FEI Number:** 83-4095335

**Certificate of Status Desired:** No

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

SAROOPCHAND, OLIVE  
202 OLD BLUFF DR.  
PONTE VEDRA, FL 32081 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 SAROOPCHAND, OLIVE  
Address 202 OLD BLUFF DR.  
City-State-Zip: PONTE VEDRA FL 32081

Title AMBR  
Name SAROOPCHAND, ROOPESHNAND  
Address 202 OLD BLUFF DR.  
City-State-Zip: PONTE VEDRA FL 32081

*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:** OLIVE SAROOPCHAND

**OWNER**

**01/12/2024**

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

\_\_\_\_\_  
Date