

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000079374

Entity Name: JMS AFFILATES LLC**Current Principal Place of Business:**15427 MURCOTT HARVEST LOOP
WINTER GARDEN, FL 34787**Current Mailing Address:**15427 MURCOTT HARVEST LOOP
WINTER GARDEN, FL 34787 US**FEI Number:** 84-5155544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORA-ELAM, MARIEL
15427 MURCOTT HARVEST LOOP
WINTER GARDEN, FL 34787 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	ELAM, JASON
Address	15427 MURCOTT HARVEST LOOP
City-State-Zip:	WINTER GARDEN FL 34787

Title	AP
Name	MORA-ELAM, MARIEL
Address	15427 MURCOTT HARVEST LOOP
City-State-Zip:	WINTER GARDEN FL 34787

Title	AP
Name	ELAM, SABRINA J
Address	15427 MURCOTT HARVEST LOOP
City-State-Zip:	WINTER GARDEN FL 34787

Title	AP
Name	ELAM, GABRIELLA D
Address	15427 MURCOTT HARVEST LOOP
City-State-Zip:	WINTER GARDEN FL 34787

Title	AP
Name	ELAM, JULIAN R
Address	15427 MURCOTT HARVEST LOOP
City-State-Zip:	WINTER GARDEN FL 34787

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: JASON ELAM

MGR

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date