

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000211617

**Entity Name:** JASON RENOVATIONS L.L.C.

**Current Principal Place of Business:**

2010 DARTMOUTH DR  
HOLIDAY, FL 34691-4617

**Current Mailing Address:**

2010 DARTMOUTH DR  
HOLIDAY, FL 34691 US

**FEI Number: 84-2973899**

**Certificate of Status Desired: Yes**

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

PARDO, JASON  
2010 DARTMOUTH DR  
HOLIDAY, FL 34691-4617 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	Title	CFO
Name	PARDO, SALLY	Name	HAWKINS, MATTHEW PARKER
Address	2010 DARTMOUTH DR	Address	2197 NORTHBROOKE RIDGE NW
City-State-Zip:	HOLIDAY FL 34691-4617	City-State-Zip:	KENNESAW GA 30152

*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: SALLY PARDO**

**MANAGER**

**10/26/2023**

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

\_\_\_\_\_  
Date