

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000262309

Entity Name: THELEFTLANEJAX LLC

Current Principal Place of Business:

4007 POST ST
JACKSONVILLE, FLORIDA 32205

Current Mailing Address:

4007 POST ST
JACKSONVILLE, FLORIDA 32205 UN

FEI Number: 85-1996410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EPPS, DEION
4007 POST ST
JACKSONVILLE, FL 32205 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 AR
Name PUMPHREY, CONNER H
Address 683 BRIDAL AVE
City-State-Zip: JACKSONVILLE FL 32205

Title AR
Name EPPS, DEION M
Address 683 BRIDAL AVE
City-State-Zip: JACKSONVILLE FL 32205

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: CONNER PUMPHREY

AR

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date