

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000285519

**Entity Name:** JAX WORKS LLC

**Current Principal Place of Business:**

11901 ABESS BLVD  
4137  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11901 ABESS BLVD  
4137  
JACKSONVILLE, FL 32225 US

**FEI Number:** 85-3125980

**Certificate of Status Desired:** No

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

SEARS, JACOB K  
11901 ABESS BLVD  
4137  
JACKSONVILLE, FL 32225 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:** JACOB K SEARS

04/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SEARS, JACOB K  
Address 11901 ABESS BLVD  
City-State-Zip: JACKSONVILLE FL 32225

*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:** JACOB K SEARS

**OWNER**

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date