

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000450229

**Entity Name:** TERRAMAPS LLC

**Current Principal Place of Business:**

924 N MAGNOLIA AVE  
SUITE 202, #5195  
ORLANDO, FL 32803

**Current Mailing Address:**

924 N MAGNOLIA AVE  
SUITE 202, #5195  
ORLANDO, FL 32803 US

**FEI Number:** 87-3128883

**Certificate of Status Desired:** No

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

IOVINE, JARRETT M  
924 N MAGNOLIA AVE  
SUITE 202, #5195  
ORLANDO, FL 32803 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            CEO  
Name            IOVINE, JARRETT M  
Address        924 N MAGNOLIA AVE, SUITE 202,  
                  #5195  
City-State-Zip: ORLANDO FL 32803

Title            COO  
Name            JONKMAN, OLAF  
Address        REVIUSRONDEEL 255  
City-State-Zip: CAPELLE AAN DEN IJSSEL 2902

Title            MGR  
Name            VAN DUN, DANNY  
Address        ROMPERTSEBAAN 63  
City-State-Zip: ÂS-HERTOGENBOSCH GT 5231

*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:** JARRETT M IOVINE

**CEO**

**03/24/2023**

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

\_\_\_\_\_  
Date