

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000104437

**Entity Name:** JMP I MASTER, LLC**Current Principal Place of Business:**8292 NW 21 STREET  
DORAL, FL 33122**Current Mailing Address:**8292 NW 21 STREET  
DORAL, FL 33122**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMA MANAGEMENT SERVICES, INC.  
5900 SW 73RD STREET  
STE 302  
SOUTH MIAMI, FL 33143 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	PLATAS, JUAN JOSE
Address	8292 NW 21 STREET
City-State-Zip:	DORAL FL 33122

Title	MGR
Name	SULTAN, ANDRES
Address	8292 NW 21 STREET
City-State-Zip:	DORAL FL 33122

Title	MGR
Name	SULTAN, NEIL
Address	8292 NW 21 STREET
City-State-Zip:	DORAL FL 33122

*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:** ANDRES SULTAN

MGR

04/28/2023

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