

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000233750

**Entity Name:** ARTEMISA JAS LLC

**Current Principal Place of Business:**

4645 SE 11TH PLACE  
SUITE 103  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4645 SE 11TH PLACE  
SUITE 103  
CAPE CORAL, FL 33904 US

**FEI Number:** 30-1350751

**Certificate of Status Desired:** No

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

SILVA REYES, JOSE A  
4645 SE 11TH PLACE  
SUITE 103  
CAPE CORAL, FL 33904 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:** JOSE A SILVA REYES

02/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, AUTHORIZED MEMBER  
Name SILVA REYES, JOSE A  
Address 4645 SE 11TH PLACE  
SUITE 103  
City-State-Zip: CAPE CORAL FL 33904

Title AUTHORIZED MEMBER, MANAGER  
Name ESCALLON MARTINEZ, CLAUDIA M  
Address 4645 SE 11TH PLACE  
SUITE 103  
City-State-Zip: CAPE CORAL FL 33904

*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:** JOSE A SILVA REYES

MANAGER

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date