

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000292768

**Entity Name:** JI IPS 19, LLC

**Current Principal Place of Business:**

14747 N. NORTHSIGHT BLVD.  
SUITE 111-431  
SCOTTSDALE, AZ 85260

**Current Mailing Address:**

14747 N. NORTHSIGHT BLVD.  
SUITE 111-431  
SCOTTSDALE, AZ 85260 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           HARRISON, DAVID  
Address        14747 N. NORTHSIGHT BLVD.  
                  SUITE 111-431  
City-State-Zip: SCOTTSDALE AZ 85260

Title           MANAGER  
Name           PACHECO, MICHAEL  
Address        14747 N. NORTHSIGHT BLVD.  
                  SUITE 111-431  
City-State-Zip: SCOTTSDALE AZ 85260

Title           MANAGER  
Name           ALDRETE, JAVIER  
Address        14747 N. NORTHSIGHT BLVD.  
                  SUITE 111-431  
City-State-Zip: SCOTTSDALE AZ 85260

*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: JENNIFER BONGRATZ**

**AUTHORIZED SIGNOR**

**04/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date