

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000320989

**Entity Name:** JULMAT LLC

**Current Principal Place of Business:**

2255 GLADES RD  
224-A  
BOCA RATON FL, FL 33431

**Current Mailing Address:**

3179 HOYLAKE RD  
LAKE WORTH, FL 33467 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MANCINELLI, JULIAN  
3179 HOYLAKE RD  
LAKE WORTH, FL 33467 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 ALMEIDA, PAMELA  
Address AV BALBIN 6390  
City-State-Zip: LOMA HERMOSA BA 1667

Title MGR  
Name STIBEL, MARIA E  
Address AV BALBIN 6390  
City-State-Zip: LOMA HERMOSA BA 1667

Title MGR  
Name STIBEL, DAMIAN C  
Address AV BALBIN 6390  
City-State-Zip: LOMA HERMOSA BA 1667

Title MGR  
Name MANCINELLI, JULIAN  
Address 3179 HOYLAKE RD  
City-State-Zip: LAKE WORTH FL 33467

*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:** MANCINELLI JULIAN

**MGR**

**03/07/2023**

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

\_\_\_\_\_  
Date