

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000353185

**Entity Name:** JCEA, LLC**Current Principal Place of Business:**611 DRUID ROAD EAST SUITE 704  
CLEARWATER, FL 33756**Current Mailing Address:**611 DRUID ROAD EAST SUITE 704  
CLEARWATER, FL 33756 UN**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRATZ, JOHN  
611 DRUID ROAD EAST SUITE 704  
CLEARWATER, FL 33756 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	AMBR
Name	KRATZ, JOHN
Address	611 DRUID ROAD EAST SUITE 704
City-State-Zip:	CLEARWATER FL 33756

Title	AMBR
Name	JAYNES, ADOLPHUS
Address	13924 PANAY WAY UNIT 308
City-State-Zip:	MARINA DEL REY CA 90292

Title	AMBR
Name	CAL AND CANDICE RAVANA REVOCABLE LIVING TR
Address	4607 ALEXANDRIA COURT
City-State-Zip:	PALMETTO FL 34221

Title	AMBR
Name	KRATZ, EDWARD
Address	820 LAW STREET
City-State-Zip:	SAN DIEGO CA 92109

*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:** JOHN KRATZ

AMBR

03/27/2023

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