

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000047903

**Entity Name:** JMYC LLC

**Current Principal Place of Business:**

P,O BOX 151603  
CAPE CORAL, FL 33915

**Current Mailing Address:**

PO BOX 151603  
CAPE CORAL, FL 33915

**FEI Number:** 92-2123383

**Certificate of Status Desired:** No

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

ACOSTA TABARES, JUAN M  
3721 SW SANTA BARBARA PL  
CAPE CORAL, FL 33914 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 ACOSTA TABARES, JUAN M  
Address PO BOX 151603  
City-State-Zip: CAPE CORAL FL 33915

Title AMBR  
Name ANDARSIO PEREZ, CARMEN R  
Address PO BOX 151603  
City-State-Zip: CAPE CORAL FL 33915

*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:** JUAN M. ACOSTA TABARES

**PRESIDENT**

**03/10/2024**

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

\_\_\_\_\_  
Date