

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000148760

**Entity Name:** THE JASKOT ORGANIZATION LLC

**Current Principal Place of Business:**

2692 SABLE PALM WAY  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

2692 SABLE PALM WAY  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** 92-3312652

**Certificate of Status Desired:** No

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

JASKOT, KYLE  
2692 SABLE PALM WAY  
PORT CHARLOTTE, FL 33953 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 JASKOT, KYLE  
Address 2692 SABLE PALM WAY  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** KYLE JASKOT

MGRM

01/19/2024

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

\_\_\_\_\_ Date