

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031313

1. Entity Name
JUMEL, LLC



Principal Place of Business

21150 POINT PLACE #2801
AVENTURA, FL 33180

Mailing Address

21150 POINT PLACE #2801
AVENTURA, FL 33180



01272004 No Chg-LLC

CR2E083 (10'03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
04-3724348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH STE. 202
DANIA, FL 33004

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IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

(Signature of person named herein or registered agent and filed if applicable)

(If L/C: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TENENBAUM, GUY
OFFICE ADDRESS	21150 POINT PLACE #2801
CITY, ST, ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	NISENBAUM, CHARLES
OFFICE ADDRESS	992 SANIBEL DRIVE
CITY, ST, ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
OFFICE ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
OFFICE ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
OFFICE ADDRESS	
CITY, ST, ZIP	

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02/04/04-80115-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE _____

Entity Name #