

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125257

Entity Name: JJAB CAPITAL LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19201 COLLINS AVE.CU120  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19201 COLLINS AVE.CU120  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 45-3817220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARCASSES, JONATHAN  
19201 COLLINS CU120  
SUNNY ISLES BEACH, FL 33160 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: CARCASSES, JONATHAN  
Address: 20355 NE 34TH CT. 1528  
City-St-Zip: AVENTURA, FL 33180 UN

Title: PRES  
Name: CARCASSES, ANTHONY  
Address: 301-188 STREET  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP  
Name: CARCASSES, JOSHUA  
Address: 301-188 STREET  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: CARCASSES, BELLA  
Address: 301-188 STREET  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JONATHAN CARCASSES

CEO

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date