

L15000025383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

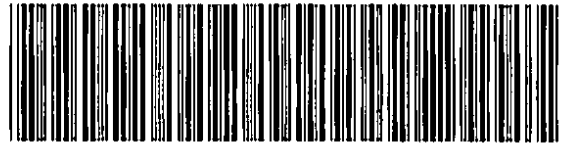
(Business Entity Name)

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 MAY 28 PM 4:45

Ra Change

JUN 18 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMC 02, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Gene

Name of Person

Keyes Property Management

Firm/Company

4301 N Federal Highway, Ste. 2

Address

Pompano Beach, FL 33064

City/State and Zip Code

Bgene@keyespm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Gene

Name of Person

561-598-5760

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF CORPORATIONS
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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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OFFICE OF CORPORATIONS
19 MAY 28 PM 4:45