

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015031

**Entity Name:** AJJ JACOBS FAMILY, LC

**Current Principal Place of Business:**

7348 LANTANA WAY  
NAPLES, FL 34119

**FILED**  
**Feb 08, 2020**  
**Secretary of State**  
**4079895606CC**

**Current Mailing Address:**

7348 LANTANA WAY  
NAPLES, FL 34119 US

**FEI Number: 59-3708318**

**Certificate of Status Desired: No**

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

JACOBS, JOYCE L  
7348 LANTANA WAY  
NAPLES, FL 34119 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 JACOBS, JOYCE LPRES  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name JACOBS, ARTHUR HVP  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name JACOBS, JAMIE VP  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name JACOBS, ARTHUR HVP  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name JACOBS, JAMIE LVP  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

Title MGR  
Name JACOBS, JOYCE LPRES  
Address 7348 LANTANA WAY  
City-State-Zip: NAPLES FL 34119

*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: JOYCE JACOBS**

**PRES**

**02/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date