

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005200

**Entity Name:** JW.EMCO, LLC

**Current Principal Place of Business:**

2300 CEDAR SHORES CIRCLE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5062 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE, FL 34786 US

**FEI Number: 83-0354174**

**Certificate of Status Desired: No**

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

TURK, HAROLD J  
201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES, FL 33134 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 TOLAYMAT, LAMA MD MPH FACOG  
Address 5062 ISLEWORTH COUNTRY CLUB DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name GOYARROLA, AITOR PA MHA MBA MM  
Address 5062 ISLEWORTH COUNTRY CLUB DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title CEO  
Name GOYARROLA, AITOR PA MHA MBA MM  
Address 5062 ISLEWORTH COUNTRY CLUB DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title CFO  
Name TOLAYMAT, LAMA MD MPH FACOG  
Address 5062 ISLEWORTH COUNTRY CLUB DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title SECRETARY  
Name GOYARROLA, JASMINE  
Address 5062 ISLEWORTH COUNTRY CLUB DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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: AITOR GOYARROLA**

**CEO**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date