

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083338

**Entity Name:** JAMIFAM COMPANY, LLC

**Current Principal Place of Business:**

2 GROVE ISLE DR  
SUITE # 1009  
MIAMI, FL 33133

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC2557415375**

**Current Mailing Address:**

2 GROVE ISLE DR  
SUITE # 1009  
MIAMI, FL 33133 US

**FEI Number:** 20-1920120

**Certificate of Status Desired:** Yes

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

MURCIA, MARIA I  
2 GROVE ISLE DR.  
SUITE #1009  
MIAMI, FL 33133 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 MGRM  
Name MURCIA FAMILY LIMITED PARTNERSHIP LLLP  
Address 2 GROVE ISLE DR. #1009  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name THE MURCIA GROUP MANAGEMENT CO LLC  
Address 2 GROVE ISLE DR #1009  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name MURCIA, MARIA I  
Address 2 GROVE ISLE DR #1009  
City-State-Zip: MIAMI FL 33133

*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:** MARIA I MURCIA

**MGR**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date