

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042745

**Entity Name:** JACALEX, LLC

**Current Principal Place of Business:**

6815 BISCAYNE BLVD  
103-382  
MIAMI, FL 33138

**Current Mailing Address:**

6815 BISCAYNE BLVD  
103-382  
MIAMI, FL 33138 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DELGADO, JACQUELINE  
631 LUCERNE AVE  
SUITE 26  
LAKE WORTH BEACH, FL 33460 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:** JACQUELINE DELGADO

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	DELGADO, LUCIA R
Address	6815 BISCAYNE BLVD 103-382
City-State-Zip:	MIAMI FL 33138
Title	AUTHORIZED MEMBER
Name	DELGADO, JACQUELINE
Address	631 LUCERNE AVE SUITE 26
City-State-Zip:	LAKE WORTH BEACH FL 33460

Title	MRGM
Name	DELGADO, CELSO
Address	6815 BISCAYNE BLVD 103-382
City-State-Zip:	MIAMI FL 33138
Title	MANAGER
Name	DELGADO, ALEJANDRO
Address	6815 BISCAYNE BLVD 103-382
City-State-Zip:	MIAMI FL 33138

*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:** JACQUELINE DELGADO

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date