

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116867

**Entity Name:** JBI, LLC

**Current Principal Place of Business:**

1792 D AVENUE OF THE STARS  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

PO BOX 10000  
LAKE BUENA VISTA, FL 32830 US

**FEI Number:** 20-8014359

**Certificate of Status Desired:** No

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

TORRES, FELIPE J  
1792 D AVENUE OF THE STARS  
EPCOT CENTER WDW  
LAKE BUENA VISTA, FL 32830 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 BOCUSE, JEROME  
Address 9132 KILGORE RD.  
City-State-Zip: ORLANDO FL 32836

Title COMPTROLLER  
Name TORRES, FELIPE J  
Address 1792 D AVENUE OF THE STARS,  
EPCOT CENTER WDW  
City-State-Zip: LAKE BUENA VISTA FL 32830

*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:** JEROME BOCUSE

**MEMBER**

**04/01/2019**

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

\_\_\_\_\_  
Date