

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000040408

Entity Name: JPL & ASSOCIATES, LLC**Current Principal Place of Business:**8830 S TAMiami TRAIL
SUITE 100
SARASOTA, FL 34238**Current Mailing Address:**8830 S TAMiami TRAIL
SUITE 100
SARASOTA, FL 34238 US**FEI Number:** 20-8861294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURANT,SCHOEPPPEL & DECUNTO,P.A.
6550 ST. AUGUSTINE ROAD, SUITE 105
JACKSONVILLE, FL 32217 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 | PRESIDENT, MANAGING MEMBER |
| Name | LANNON, JAMES P |
| Address | 8830 S. TAMiami TRAIL #100 |
| City-State-Zip: | SARASOTA FL 34231 |

| | |
|-----------------|----------------------------|
| Title | VP |
| Name | LANNON, STEFANIE J. |
| Address | 8830 S. TAMiami TRAIL #100 |
| City-State-Zip: | SARASOTA FL 34231 |

| | |
|-----------------|----------------------------|
| Title | VP OF DESIGN |
| Name | LANNON, KRISTYNA T |
| Address | 8830 S. TAMiami TRAIL #100 |
| City-State-Zip: | SARASOTA FL 34231 |

| | |
|-----------------|----------------------------|
| Title | VP OF FINANCE & COMPLIANCE |
| Name | POLEN, KATERINA T |
| Address | 8830 S. TAMiami TRAIL #100 |
| City-State-Zip: | SARASOTA FL 34231 |

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: KATERINA T POLENVP OF FINANCE &
COMPLIANCE

06/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date