## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008391

Entity Name: JANVEL'S LLC

**Current Principal Place of Business:** 

13463 SW 179 STREET MIAMI. FL 33177

**Current Mailing Address:** 

13463 SW 179 STREET MIAMI. FL 33177

FEI Number: 26-1920312 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

13463 SW 179 STREET

CONNOR, AUSTIN 13463 SW 179 STREET MIAMI, FL 33177 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:

Address

Electronic Signature of Registered Agent

Date

13463 SW 179 STREET

**FILED** Feb 25, 2014

**Secretary of State** 

CC1696528015

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

Address

CONNOR, JANET E Name CONNOR, AUSTIN Name

City-State-Zip: MIAMI FL 33177 MIAMI FL 33177 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name CONNOR, JETHRO M CONNOR, RUEL B Name Address 13463 SW 179 STREET Address 13463 SW 179 STREET

MIAMI FL 33177 City-State-Zip: MIAMI FL 33177 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name CONNOR, GLENNIS A BROOKS, VELMA N Name Address 13463 SW 179 STREET 13463 SW 179 STREET Address

City-State-Zip: MIAMI FL 33177 City-State-Zip: MIAMI FL 33177

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: AUSTIN CONNOR **AGENT** 

Electronic Signature of Signing Authorized Person(s) Detail

02/25/2014 Date