

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000035540

**Entity Name:** JKM TRADING, L.L.C.

**Current Principal Place of Business:**

6355 N.W. 36TH STREET, STE. 407  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 N.W. 36TH STREET, STE. 407  
VIRGINIA GARDENS, FL 33166

**FEI Number:** 27-2254026

**Certificate of Status Desired:** No

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

TOTAL CORPORATION SERVICES, INC.  
6355 N.W. 36TH STREET, STE. 407  
VIRGINIA GARDENS, FL 33166 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 LAFOND, JEAN C  
Address CALLE ALGARI,EDIF.TERRAZAS DEL  
PEDREGAL  
PISO 6 APT.6-B URB.EL PEDREGAL  
City-State-Zip: BARQUISIMETO LARA 3001

Title MGRM  
Name LAFOND, MARIA  
Address CALLE ALGARI, EDIF.TERRAZAS DEL  
PEDREGAL  
PISO 6, APT.6-B URB.EL PEDREGAL  
City-State-Zip: BARQUISIMETO LARA 3001

Title MGRM  
Name LAFOND, KEVIN  
Address CALLE TEREPAIMA, EDIF.TERRAZAS  
MONTE REAL  
PISO PB APT.PB-2 -SECTOR SANTA  
ROSA  
City-State-Zip: BARQUISIMETO LARA 3001

*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:** JEAN C LAFOND

**MGRM**

**04/25/2024**

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

\_\_\_\_\_  
Date