

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009678

Entity Name: N 2 JJADEL L.L.C.**Current Principal Place of Business:**20900 NE 30TH AVENUE
SUITE 800
AVENTURA, FL 33180**Current Mailing Address:**20900 NE 30TH AVENUE
SUITE 800
AVENTURA, FL 33180 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARRY D. SILVERSTEIN, ESQ. P.A.
20900 NE 30TH AVENUE
SUITE 800
AVENTURA, FL 33180 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 COURREGE, JEAN PIERRE
Address PRIVILEGE 8 ANSE MARCEL
City-State-Zip: SAINT MARTIN BW 97150Title MGRM
Name COURREGE J, ACQUELINE
Address PRIVILEGE 8 ANSE MARCEL
City-State-Zip: SAINT MARTIN BW 97150Title MGR
Name COURREGE D, ELPHINE
Address PRIVILEGE 8 ANSE MARCEL
City-State-Zip: SAINT MARTIN BW 97150Title MGRM
Name GUADALPI, GIL
Address 9933 E. BROADVIEW DRIVE
City-State-Zip: MIAMI FL 33154

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: COURREGE JEAN PIERRE

MGRM

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date