

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044393

**Entity Name:** JEBEMET 830, LLC

**Current Principal Place of Business:**

253 NE 2ND ST  
329  
MIAMI, FL 33132

**Current Mailing Address:**

MELISSA J SHAPIRO PA  
PO BOX 310274  
MIAMI, FL 33231 US

**FEI Number:** 45-1646942

**Certificate of Status Desired:** No

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

SHAPIRO, BERTA M  
200 S INTERLACHEN AVE  
200  
WINTER PARK, FL 32789 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 SHAPIRO, MELISSA J  
Address PO BOX 310274  
City-State-Zip: MIAMI FL 33231

Title MGRM  
Name SHAPIRO, JESSICA L  
Address 200 S INTERLACHEN AVE #200  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name SHAPIRO, BERTA M  
Address 200 S INTERLACHEN AVE #200  
City-State-Zip: WINTER PARK FL 32789

*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:** MELISSA SHAPIRO

MGRM

02/11/2014

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