

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000123408

Entity Name: JEM RESORTS HOMESTEAD, LLC**Current Principal Place of Business:**633 N KROME AVENUE
SUITE 3
HOMESTEAD, FL 33030**Current Mailing Address:**PO BOX 900548
HOMESTEAD, FL 33090 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VARELA, MYRIAM J
633 N KROME AVENUE
SUITE 3
HOMESTEAD, FL 33030 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:** VARELA, MYRIAM JEANNETTE

04/06/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VARELA, JEANNETTE
Address PO BOX 900548
City-State-Zip: HOMESTEAD FL 33090

Title MGR
Name CAMPBELL, KAREN
Address PO BOX 900548
City-State-Zip: HOMESTEAD FL 33090

Title MGR
Name CAMPBELL, BRYAN
Address PO BOX 900548
City-State-Zip: HOMESTEAD FL 33090

Title MGR
Name VARELA, ANGELICA
Address PO BOX 900548
City-State-Zip: HOMESTEAD FL 33090

Title MGR
Name VARELA, LUIS E JR
Address PO BOX 900548
City-State-Zip: HOMESTEAD FL 33090

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: VARELA, JEANNETTE

MGR

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date