

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000124244

Entity Name: JOCELYNN, LLC

Current Principal Place of Business:

4926 NW 18TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

4926 NW 18TH PLACE
GAINESVILLE, FL 32605 US

FEI Number: 51-0490358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMENECH, LYNN
4926 N.W. 18TH PLACE
GAINESVILLE, FL 32605 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 HOLT, JOCELYN D
Address 2156 N.W. 3RD PLACE
City-State-Zip: GAINESVILLE FL 32603

Title MGRM
Name DOMENECH, LYNN
Address 4926 N.W. 18TH PLACE
City-State-Zip: GAINESVILLE FL 32605

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: JOCELYN HOLT

MANAGER

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date