

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133786

**Entity Name:** JANVEST LLC

**Current Principal Place of Business:**

411 LAKEFRONT CT  
DELTONA, FL 32725

**Current Mailing Address:**

411 LAKEFRONT CT  
DELTONA, FL 32725 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JANSSEN, BRUCE L  
411 LAKEFRONT CT  
DELTONA, FL 32725 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             | Title           | MGR               |
| Name            | JANSSEN, BRUCE L | Name            | JANSSEN, BRENDA L |
| Address         | 411 LAKEFRONT CT | Address         | 411 LAKEFRONT CT  |
| City-State-Zip: | DELTONA FL 32725 | City-State-Zip: | DELTONA FL 32725  |

*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:** BRUCE JANSSEN

MGRM

02/28/2016

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

\_\_\_\_\_  
Date