

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000042180

**Entity Name:** J.K.V. INVESTMENTS "L.L.C."**Current Principal Place of Business:**125 N. CONGRESS AVE. SUITE 1  
DELRAY BEACH, FL 33445**Current Mailing Address:**125 N. CONGRESS AVE. SUITE 1  
DELRAY BEACH, FL 33445**FEI Number:** 45-5117140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPADAVECCHIA, VINCENT  
125 N. CONGRESS AVE. SUITE 1  
DELRAY BEACH, FL 33445 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	MGR
Name	SPADAVECCHIA, VINCENT
Address	125 N. CONGRESS AVE. SUITE 1
City-State-Zip:	DELRAY BEACH FL 33445

Title	MGRM
Name	SPADAVECCHIA, BILIANA
Address	6326 NW 80 TER.
City-State-Zip:	PARKLAND FL 33067

Title	MGRM
Name	JOHN NICHOLAS SPADAVECCHIA
Address	6326 NW 80 TER.
City-State-Zip:	PARKLAND FL 33067

Title	MGRM
Name	KRISTINA NICOLE SPADAVECCHIA
Address	6326 NW 80 TER.
City-State-Zip:	PARKLAND FL 33067

Title	MANAGING MEMBER
Name	SPADAVECCHIA , VINCENT JUNIOR
Address	6326 NW 80 TER.
City-State-Zip:	PARKLAND FL 33067

*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:** VINCENT SPADAVECCHIA**MANAGER****04/26/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date