

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000148736

**Entity Name:** JIMNI 6719 LLC

**Current Principal Place of Business:**

522 MAGELLAN DR  
SARASOTA, FL 34243

**Current Mailing Address:**

522 MAGELLAN DR  
SARASOTA, FL 34243 US

**FEI Number:** 46-2961540

**Certificate of Status Desired:** No

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

SULLIVAN, JAMES S MR  
522 MAGELLAN DR  
SARASOTA, FL 34243 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:** JAMES S SULLIVAN

04/26/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SULLIVAN, JAMES S  
Address 425 ARCHIBALD AVE  
City-State-Zip: SARASOTA FL 34243

Title VMGR  
Name MATTERN, STEVEN  
Address 425 ARCHIBALD AVE  
City-State-Zip: SARASOTA FL 34243

Title S  
Name SULLIVAN, PATRICIA  
Address 425 ARCHIBALD AVE  
City-State-Zip: SARASOTA FL 34243

Title T  
Name MATTERN, DONNA  
Address 425 ARCHIBALD AVE  
City-State-Zip: SARASOTA FL 34243

*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:** JAMES SULLIVAN

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date