

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023957

**Entity Name:** JAMA OF DELRAY, LLC

**Current Principal Place of Business:**

133 EAST ATLANTIC AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

6110 NORTH OCEAN BLVD.  
UNIT 34  
OCEAN RIDGE, FL 33435

**FEI Number:** 46-2054870

**Certificate of Status Desired:** No

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

PERRY, MARK AESQ  
50 SE FOURTH AVENUE  
DELRAY BEACH, FL 33483 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 BEARD-ROBINSON, JACKIE  
Address 6110 NORTH OCEAN BLVD, UNIT 34  
City-State-Zip: OCEAN RIDGE FL 33435

Title MGR  
Name ROBINSON, RICHARD C  
Address 6110 NORTH OCEAN BLVD., UNIT 34  
City-State-Zip: OCEAN RIDGE FL 33435

*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:** RICHARD C. ROBINSON

MGR

02/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date