

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165071

**Entity Name:** JAS.DON.JO LLC

**Current Principal Place of Business:**

11004 RIDGE AVE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

P O BOX 8273  
PORT ST LUCIE, FL 34985 US

**FEI Number:** 46-4199598

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGRM
Name	GEDEON, JEAN NICOLE	Name	BROWN, DONOVAN
Address	11004 RIDGE AVE	Address	11004 RIDGE AVE
City-State-Zip:	FOR PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

*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:** JEAN NICOLE GEDEON

MGRM

04/05/2017

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

\_\_\_\_\_ Date