

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000037340

**Entity Name:** JAMAICAN ALMONDS, LLC

**Current Principal Place of Business:**

776 BURGUNDY Q  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

776 BURGUNDY Q  
DELRAY BEACH, FL 33484 US

**FEI Number:** 46-5033995

**Certificate of Status Desired:** No

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

SATTER, BRUCE H  
776 BURGUNDY Q  
DELRAY BEACH, FL 33484 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 SATTER, BRUCE H  
Address 776 BURGUNDY Q  
City-State-Zip: DELRAY BEACH FL 33484

Title AMBR  
Name DEPENBROCK, OLGA  
Address 4450 NW 95TH AVE  
City-State-Zip: CORAL GABLES FL 33065

Title MGR  
Name STREISFELD, ROBERT  
Address 7785 TRAVELERS TREE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title MGR  
Name FELDMAN, LORI  
Address 21615 VILLA NOVA DRIVE  
City-State-Zip: BOCA RATON FL 33433

*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 SATTER

**CEO**

**04/26/2019**

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

\_\_\_\_\_  
Date