# 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: ASHRAF ANDRAWIS

Electronic Signature of Signing Authorized Person(s) Detail

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000041633

Entity Name: JULIAMINA HOLDINGS, LLC

## Current Principal Place of Business:

138 PASSAGE DRIVE FLEMING ISLAND, FL 32003

## **Current Mailing Address:**

138 PASSAGE DRIVE FLEMING ISLAND, FL 32003 US

## FEI Number: 46-5066356

## Name and Address of Current Registered Agent:

ANDRAWIS, ASHRAF G 138 PASSAGE DRIVE FLEMING ISLAND, FL 32003 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ANDRAWIS, ASHRAF	Name	ANDRAWIS, JACKLIN
Address	138 PASSAGE DRIVE	Address	138 PASSAGE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	FLEMING ISLAND FL 32003

reby 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 unde

MANAGER

Certificate of Status Desired: No

FILED Apr 15, 2023 Secretary of State 0728356183CC

Date

04/15/2023

Date