

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000041967

Entity Name: JASMIN 94, LLC**Current Principal Place of Business:**9048 EMERSON AVENUE
SURFSIDE, FL 33154**Current Mailing Address:**9048 EMERSON AVENUE
SURFSIDE, FL 33154 US**FEI Number:** 46-5118275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KACHOUYAN FINI, SAEED
9048 EMERSON AVENUE
SURFSIDE, FL 33154 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	KACHOUYAN FINI, SAEED
Address	9048 EMERSON AVENUE
City-State-Zip:	SURFSIDE FL 33154

Title	MBR
Name	GOMEZ VARGAS, GLADYS M
Address	9048 EMERSON AVENUE
City-State-Zip:	SURFSIDE FL 33154

Title	MBR
Name	KCHOUYAN FINI, DANIEL
Address	9048 EMERSON AVENUE
City-State-Zip:	SURFSIDE FL 33154

Title	MBR
Name	KACHOUYAN FINI, SARA
Address	9048 EMERSON AVENUE
City-State-Zip:	SURFSIDE FL 33154

Title	MBR
Name	KACHOUYAN FINI, JACOBO
Address	9048 EMERSON AVENUE
City-State-Zip:	SURFSIDE FL 33154

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: SAEED KACHOUYAN FINI

MGRM

03/16/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date