

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053401

**Entity Name:** JMMPN LLC

**Current Principal Place of Business:**

2691 NE 59 ST  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2510 NE 46 STREET  
FORT LAUDERDALE, FL 33308

**FEI Number:** 46-5358173

**Certificate of Status Desired:** Yes

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

BLOOM, JOHN D JR  
2510 NE 46 STREET  
FORT LAUDERDALE, FL 33308 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:** JOHN D BLOOM JR

01/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLOOM, JOHN D JR.  
Address 2510 NE 46 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AUTHORIZED MEMBER  
Name BLOOM, MATTHEW JAMES  
Address 2510 NE 46 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AUTHORIZED MEMBER  
Name BLOOM, PETER MANLEY  
Address 2691 NE 59 ST  
APT 2  
City-State-Zip: FORT LAUDERDALE FL 33308

Title AUTHORIZED MEMBER  
Name BLOOM, NOELIA SARA  
Address 2510 NE 46 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** JOHN D BLOOM JR MD

MGR

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date