

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000054820

**Entity Name:** JIMENEZ PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

620 SABAL PALM CT  
LABELLE, FL 33935

**Current Mailing Address:**

P.O BOX 2183  
LABELLE, FL 33975

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JIMENEZ, FLOR  
620 SABAL PALM CT  
LABELLE, FL 33935 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 JIMENEZ, FLOR  
Address 620 SABAL PALM CT  
City-State-Zip: LABELLE FL 33935

*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:** FLOR JIMENEZ

MRS

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date