

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000022555

**Entity Name:** JASON PITTMAN LLC

**Current Principal Place of Business:**

4433 SLEEPY HAMMOCK DR  
MILTON, FL 32583

**Current Mailing Address:**

4433 SLEEPY HAMMOCK DR  
MILTON, FL 32583 US

**FEI Number:** 47-4345716

**Certificate of Status Desired:** Yes

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

PITTMAN, JASON RONALD  
4433 SLEEPY HAMMOCK DR  
MILTON, FL 32583 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:** JASON RONALD PITTMAN

05/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            PITTMAN, RONALD  
Address        4433 SLEEPY HAMMOCK DR  
City-State-Zip: MILTON FL 32583

*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:** RONALD PITTMAN

AMBER

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date