

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000163771

Entity Name: JANA HOLEK LLC

Current Principal Place of Business:

714 FREEMONT ST S
GULFPORT, FL 33707

Current Mailing Address:

PO BOX 41344
SAINT PETERSBURG, FL 33743

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLEK, JANA
714 FREEMONT ST S
GULFPORT, FL 33707 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 AMBR
Name HOLEK, JANA
Address PO BOX 41344
City-State-Zip: SAINT PETERSBURG FL 33743

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: JANA HOLEK

04/02/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date