

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000034444

**Entity Name:** CAFPI JANE LLC

**Current Principal Place of Business:**

2858 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2858 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**FEI Number:** 81-1616664

**Certificate of Status Desired:** No

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

ASSOULINE, LAURENCE  
2858 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065 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 ASSOULINE, LAURENCE  
Address 2858 N UNIVERSITY DR  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name ASSOULINE, ELIE  
Address 2858 N UNIVERSITY  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** LAURENCE ASSOULINE

**MANAGER**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date