

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000151527

**Entity Name:** JOPAL GROUP, LLC

**Current Principal Place of Business:**

5900 ANCHORAGE WAY S  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

PO BOX 894  
ST. PETERSBURG, FL 33731 US

**FEI Number:** 81-3597189

**Certificate of Status Desired:** No

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

LEYDEN, LAURA  
5900 ANCHORAGE WAY S  
ST. PETERSBURG, FL 33712 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 LEYDEN, LAURA  
Address 5900 ANCHORAGE WAY S  
City-State-Zip: ST. PETERSBURG FL 33712

Title AMBR  
Name LEYDEN, LAURA  
Address 5900 ANCHORAGE WAY S  
City-State-Zip: ST. PETERSBURG FL 33712

*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:** LAURA LEYDEN

**OWNER**

**02/13/2019**

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

\_\_\_\_\_  
Date