

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000228321

Entity Name: JOMORO DEPOT, "LLC"**Current Principal Place of Business:**1814 FRUITRIDGE STREET
BRANDON, FL 33510**Current Mailing Address:**1814 FRUITRIDGE STREET
BRANDON, FL 33510 US**FEI Number: 81-4805344****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ETCHENE, NIAMKE J
1814 FRUITRIDGE STREET
BRANDON, FL 33510 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 PRESIDENT
Name ETCHENE, NIAMKE J.
Address 1814 FRUITRIDGE STREET
City-State-Zip: BRANDON FL 33510

Title VP
Name OSEI-ANTWI, FRANK A/M
Address 20035 SATIN LEAF
City-State-Zip: TAMPA FL 33647

Title TREASURER
Name ETCHENE, ASUAH A TREASURER
Address 1814 FRUITRIDGE STREET
City-State-Zip: BRANDON FL 33510

Title DIRECTOR
Name SAHI, SALOMON EZOUA DIRECTOR
Address 1814 FRUITRIDGE STREET
City-State-Zip: BRANDON FL 33510

Title MANAGER
Name ESSIEN, TIMOTHY K VP
Address 1814 FRUITRIDGE STREET
City-State-Zip: BRANDON FL 33510

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: NIAMKE J. ETCHENE**PRESIDENT****04/08/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date