

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000228321

**Entity Name:** JOMORO DEPOT, "LLC"

**Current Principal Place of Business:**

4514 WISHART BLVD  
TAMPA, FL 33603

**Current Mailing Address:**

P.O. BOX 7337  
TAMPA, FL 33603 US

**FEI Number: 81-4805344**

**Certificate of Status Desired: No**

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

ETCHENE, NIAMKE J  
4514 WISHART BLVD  
TAMPA, FL 33603 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           A/M  
Name           ETCHENE, NIAMKE J  
Address        4514 WISHART BLVD  
City-State-Zip: TAMPA FL 33603

Title           A/M  
Name           GRIFFITH, VIRGINIA  
Address        804 E. RICHMERE ST  
City-State-Zip: TAMPA FL 33612

Title           A/M  
Name           ETCHENE, ADJEAH  
Address        4514 WISHART BLVD  
City-State-Zip: TAMPA FL 33603

Title           A/M  
Name           ETCHENE, ASUAH A  
Address        4514 WISHART BLVD  
City-State-Zip: TAMPA FL 33603

*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**

**MANAGER**

**04/02/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date