

2020 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	DIRECTOR
Name	SAHI, SALOMON EZOUA DIRECTOR
Address	1814 FRUITRIDGE STREET
City-State-Zip:	BRANDON FL 33510
Title	CONSULTANT
Name	KOUASSI, ESTHER ETCHENE
Address	519 PACIFIC AVE S
City-State-Zip:	PACIFIC WA 98047

Title	TREASURER
Name	ETCHENE, ASUAH A TREASURER
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 ETCHENE**PRESIDENT****06/28/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date