

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000079947

**Entity Name:** JN MITCHELL FAMILY, LLC

**Current Principal Place of Business:**

4137 BRIAR LANE  
WESTON, FL 33332

**Current Mailing Address:**

PO BOX 266422  
WESTON, FL 33326 US

**FEI Number: 82-3889088**

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

01/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	MITCHELL, NICKOLE	Name	MITCHELL, JASON
Address	4137 BRIAR LANE	Address	4137 BRIAR LANE
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33332

*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:** NICKOLE MITCHELL

MEMBER

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date