

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000218052

Entity Name: JADMSS, LLC

Current Principal Place of Business:

40 SW 1ST AVE
OCALA, FL 34471

Current Mailing Address:

3291 SW 17TH AVE
OCALA, FL 34471

FEI Number: 82-3189283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEEK, MELVIN M
3291 SW 17TH AVE
OCALA, FL 34471 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 SCHOFIELD, DANNY
Address 1519 SE 24TH AVE
City-State-Zip: OCALA FL 34471

Title AMBR
Name SCHOFIELD, JAMIE
Address 1519 SE 24TH AVE
City-State-Zip: OCALA FL 34471

Title AMBR
Name SEEK, ASHLEE
Address 3291 SW 17TH AVE
City-State-Zip: OCALA FL 34471

Title AMBR
Name SEEK, MELVIN
Address 3291 SW 17TH AVE
City-State-Zip: OCALA FL 34471

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: MELVIN SEEK

REGISTERED AGENT

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date