

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000115478

Entity Name: JAMES CURE BAND LLC

Current Principal Place of Business:

419 HONEYCOMB WAY
SAINT JOHNS, FL 32259

Current Mailing Address:

419 HONEYCOMB WAY
SAINT JOHNS, FL 32259 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURE, JAMES B JR
419 HONEYCOMB WAY
SAINT JOHNS, FL 32259 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 CURE, JAMES BURTON JR.
Address 419 HONEYCOMB WAY
City-State-Zip: SAINT JOHNS FL 32259

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: JAMES CURE

MANAGER

04/30/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date