

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000116232

**Entity Name:** JAB 2 LLC

**Current Principal Place of Business:**

1509 S FLORIDA AVENUE  
SUITE 2  
LAKELAND, FL 33803

**Current Mailing Address:**

1509 S FLORIDA AVENUE  
SUITE 2  
LAKELAND, FL 33803 US

**FEI Number:** 83-0574865

**Certificate of Status Desired:** No

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

DORNSTAUDE, MARK  
1509 S FLORIDA AVENUE  
SUITE 2  
LAKELAND, FL 33803 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:** DORNSTAUDE MARK

02/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BLUM, ANNE  
Address 456 B CHEMIN DU CREUZET  
City-State-Zip: GENAY FR 69730

Title MGR  
Name BARRAULT, FABRICE  
Address 11 2ND AVE NE  
City-State-Zip: ST PETERSBURG FL 33701

Title MANAGER  
Name BLUM, JEROME  
Address 456 B CHEMIN DU CREUZET  
City-State-Zip: GENAY FRANCE 69730

*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:** BLUM JEROME

MANAGER

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date