

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000142214

Entity Name: JEHBAL ENTERPRISES LLC**Current Principal Place of Business:**3909 GALEN COURT
SUITE 102
SUN CITY CENTER, FL 33573**Current Mailing Address:**3909 GALEN COURT
SUITE 102
SUN CITY CENTER, FL 33573**FEI Number:** 83-0874936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAFEEZ, JAVED MD
3909 GALEN COURT
SUITE 102
SUN CITY CENTER, FL 33573 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 AMBR
Name HAFEEZ, JAVED MD
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

Title AMBR
Name HAFEEZ, NASEEM
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

Title AMBR
Name HAFEEZ, ZEESHAN
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

Title AMBR
Name HAFEEZ, NAUSHERWAN
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

Title AMBR
Name HAFEEZ, NAUMAAN
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

Title AMBR
Name HAFEEZ, IRFAAN
Address 3909 GALEN COURT, SUITE #102
City-State-Zip: SUN CITY CENTER FL 33573

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: JAVED HAFEEZ

MBR

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date