

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000150609

**Entity Name:** SJMB, LLC

**Current Principal Place of Business:**

1693 ROGERO RD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

2615 SUNRISE RIDGE LN  
JACKSONVILLE, FL 32211 US

**FEI Number:** 83-1039316

**Certificate of Status Desired:** No

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

DOREST, JEAN  
2615 SUNRISE RIDGE LN  
JACKSONVILLE, FL 32211 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 DORESTIN, SIDOR  
Address 11512 LAKE MEAD AVE #701  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name LOUISSAINT, ROMANE  
Address 2615 SUNRISE RIDGE LN  
City-State-Zip: JACKSONVILLE FL 32211

Title AMBR  
Name DOREST, JEAN E  
Address 2615 SUNRISE RIDGE LN  
City-State-Zip: JACKSONVILLE FL 32211

Title AMBR  
Name AUGUSTIN, ODROF  
Address 9560 ASHLEY DR  
City-State-Zip: MIRAMAR FL 33025

*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:** JEAN E DOREST

AMBR

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date