

2020 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

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date