

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247534

**Entity Name:** JACKPOT CAPITAL INVESTMENTS LLC

**Current Principal Place of Business:**

6704 PARKE EAST BLVD.  
TAMPA, FL 33610

**Current Mailing Address:**

6704 PARKE EAST BLVD.  
TAMPA, FL 33610

**FEI Number:** 83-2267869

**Certificate of Status Desired:** No

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

ALRIFAIE, SUHAIL  
6704 PARKE EAST BLVD.  
TAMPA, FL 33610 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           | AUTHORIZED MEMBER    | Title           | AUTHORIZED MEMBER    |
| Name            | ALRIFAIE, SUHAIL     | Name            | ABU-KHALIL, AHMAD    |
| Address         | 6704 PARKE EAST BLVD | Address         | 6704 PARKE EAST BLVD |
| City-State-Zip: | TAMPA FL 33610       | City-State-Zip: | TAMPA FL 33610       |

*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:** SUHAIL ALRIFAIE

**MEMBER**

**02/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date