

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000253101

**Entity Name:** JOANNPICANES, LLC

**Current Principal Place of Business:**

6901 EDGEWATER DR APT 312  
CORAL GABLES, FL 33133

**Current Mailing Address:**

6901 EDGEWATER DR APT 312  
CORAL GABLES, FL 33133 US

**FEI Number:** 83-2380704

**Certificate of Status Desired:** No

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

DELEON, ROBERT  
6901 EDGEWATER DR  
312  
CORAL GABLES, FL 33133 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:** ROBERT DELEON

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                |
|-----------------|--------------------------|-----------------|----------------|
| Title           | AP                       | Title           | MEMBER         |
| Name            | DELEON, ROBERT           | Name            | PICANES, JOANN |
| Address         | 6901 EDGEWATER DR<br>312 | Address         | 12645 SW 94 CT |
| City-State-Zip: | CORAL GABLES FL 33133    | City-State-Zip: | MIAMI FL 33176 |

*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:** ROBERT DELEON

AP

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date