

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270729

**Entity Name:** JACOB LEE WOLLMAN, LLC

**Current Principal Place of Business:**

360 CENTRAL AVENUE  
6TH FLOOR SUITE 600  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

360 CENTRAL AVENUE  
6TH FLOOR SUITE 600  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 83-2586277

**Certificate of Status Desired:** No

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

WOLLMAN, JACOB L  
7100 SUNSHINE SKYWAY LN S  
907  
SAINT PETERSBURG, FL 33711 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 WOLLMAN, JACOB L  
Address 7100 SUNSHINE SKYWAY LN S  
907  
City-State-Zip: SAINT PETERSBURG FL 33711

*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:** JACOB WOLLMAN

MGR

01/19/2023

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

\_\_\_\_\_  
Date