

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000018874

**Entity Name:** JK HIBS LLC

**Current Principal Place of Business:**

C/O ADAM R. SELIGMAN  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

C/O ADAM R. SELIGMAN  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 83-3263087

**Certificate of Status Desired:** No

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

SELIGMAN, ADAM R  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 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	Title	MGR
Name	SELIGMAN, ADAM R	Name	CLARY, JAMES M. III
Address	4420 BEACON CIRCLE	Address	483 SE TRES BELLE CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	STUART FL 34994

*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:** SELIGMAN , ADAM R

**MANAGER**

**04/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date