

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000234624

**Entity Name:** J.I. LIMITLES HEALTHCARE & INSURANCE SERVICES LLC

**Current Principal Place of Business:**

18941 NW 86TH CT UNIT 3805  
HIALEAH, FL 33015

**Current Mailing Address:**

18941 NW 86TH CT  
UNIT 3805  
HIALEAH, FL 33015

**FEI Number:** 86-3993245

**Certificate of Status Desired:** No

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

AMERICAN TAX & PAYROLL SERVICES LLC  
887 STATE ROAD 436  
CASSELBERRY, FL 32707 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 GARCIA, LEYDIS  
Address 18941 NW 86TH CT, UNIT 3805  
City-State-Zip: HIALEAH FL 33015

*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:** LEYDIS GARCIA

MGR

02/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date