

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000353013

Entity Name: JACKSONS TOP PRIORITY**Current Principal Place of Business:**1580 OLDENBURG DR
JACKSONVILLE, FL 32218**Current Mailing Address:**1580 OLDENBURG DR
JACKSONVILLE, FL 32218**FEI Number:** 87-2023655**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, JAMIE
1580 OLDENBURG DR
JACKSONVILLE, FL 32218 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 OWNER
Name JACKSON, MATTHEW
Address 1580 OLDENBURG DR
City-State-Zip: JACKSONVILLE 32218

Title AR
Name JACKSON, JAHIREE
Address 1580 OLDENBURG DR
City-State-Zip: JACKSONVILLE FL 32218

Title AR
Name JACKSON, MICHAEL
Address 15726 AMORE PLACE
City-State-Zip: BAKERSFIELD CA 93314

Title OWNER
Name JACKSON, JAMIE
Address 1580 OLDENBURG DR
City-State-Zip: JACKSONVILLE FL 32218

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: MATTHEW JACKSON

OWNER

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date