

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000270417

**Entity Name:** JAZPASSION LLC

**Current Principal Place of Business:**

2303 W MICHIGAN AVE APT E7  
PENSACOLA, FL 32526

**Current Mailing Address:**

2303 W MICHIGAN AVE APT E7  
PENSACOLA, FL 32526 US

**FEI Number:** 92-2789442

**Certificate of Status Desired:** Yes

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

FOUNTAIN, JAZMYN E  
2303 W MICHIGAN AVE APT E7  
PENSACOLA, FL 32526 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	CEO	Title	MGR
Name	FOUNTAIN, JAZMYN E	Name	ROBINSON, DOROTHY L
Address	2303 W MICHIGAN AVE APT E7	Address	2303 W MICHIGAN AVE APT E7
City-State-Zip:	PENSACOLA FL 32526	City-State-Zip:	PENSACOLA FL 32526

*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:** JAZMYN FOUNTAIN

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date