

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000338840

**Entity Name:** 1347 S WASHINGTON AVE LLC

**Current Principal Place of Business:**

4708 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4708 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 US

**FEI Number:** 88-3766473

**Certificate of Status Desired:** No

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

JACKSON, JARED A  
36 CREPE MYRTLE LANE  
MONTICELLO, FL 32344 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 JACKSON, JARED A  
Address 36 CREPE MYRTLE LANE  
City-State-Zip: MONTICELLO FL 32303

Title MGR  
Name GHAZVINI, JUSTIN  
Address 4708 CAPITAL CIRCLE NW  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name DILMORE, JAMES F  
Address 215 W. COLLEGE AVE.  
UNIT 402  
City-State-Zip: TALLAHASSEE FL 32301

*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:** JUSTIN GHAZVINI

MANAGER

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date