

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000444062

**Entity Name:** JMA LAUNCHPAD LLC**Current Principal Place of Business:**5931 NW 1ST PLACE  
GAINESVILLE, FL 32607**Current Mailing Address:**5931 NW 1ST PLACE  
GAINESVILLE, FL 32607 US**FEI Number:** 92-0775431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORBES, SUZANNE F  
5931 NW 1ST PLACE  
GAINESVILLE,, FL 32607 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	FORBES, SUZANNE F
Address	5931 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	MANAGER
Name	HUTTO, JAY E.
Address	5931 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	MANAGER
Name	VANDUZER, JOHN
Address	5931 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	MANAGER
Name	HALLERAN, JAMES
Address	5931 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	MANAGER
Name	DAVIS, KATIE
Address	5931 NW 1ST PLACE
City-State-Zip:	GAINESVILLE FL 32607

*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:** SUZANNE E FORBES

MANAGER

04/07/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date