## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000501377

Entity Name: JM FAB LLC

**Current Principal Place of Business:** 

906 ROBERT RD UNIT 21 HAINES CITY, FL 33844

**Current Mailing Address:** 

720 ORCHID GROVE BLVD DAVENPORT. FL 33837

FEI Number: 88-4376798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOQUETTE, JOHN J 720 ORCHID GROVE BLVD DAVENPORT, FL 33837 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: JOHN MOQUETTE 10/11/2023

Electronic Signature of Registered Agent

Date

**FILED** Oct 11, 2023

**Secretary of State** 

2402090092CR

## Authorized Person(s) Detail:

Title **AMBR** 

Name MOQUETTE, JOHN J

Address 720 ORCHID GROVE BLVD

City-State-Zip: DAVENPORT FL 33837

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: JOHN MOQUETTE

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

10/11/2023

Date