

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000028868

**Entity Name:** JT ULTRA TASTE PIZZA/DELI LLC

**Current Principal Place of Business:**

904 NE 164TH STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

904 NE 164TH STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REEVES, OTHNIEL A  
904 NE 164TH STREET  
NORTH MIAMI BEACH, FL 33162 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           MANAGER  
Name           REEVES, OTHNIEL A  
Address        904 NE 164TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title           MANAGER  
Name           REEVES, JARDAN T  
Address        490 NE 143RD ST  
City-State-Zip: NORTH MIAMI FL 33161

Title           AP  
Name           BROWN, KAREN  
Address        118-27 202 STREET  
City-State-Zip: QUEENS NY 11412

*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:** OTHNIEL REEVES

**MANAGER**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date