#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000160798

**Entity Name: KOLLECT JAX LLC** 

Jan 20, 2025 **Secretary of State** 8153661595CC

**FILED** 

### **Current Principal Place of Business:**

41 E DUVAL ST

JACKSONVILLE, FL 32202

# **Current Mailing Address:**

41 E DUVAL ST

JACKSONVILLE, FL 32202 US

FEI Number: 92-3231705 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

JERVIS, KEEGAN S 41 E DUVAL ST JACKSONVILLE, FL 32202 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:

**AUTHORIZED REPRESENTATIVE** Title CEO, MANAGER Title

JERVIS, KEEGAN S Name SHEPHERD, JIHAD Name 41 E DUVAL ST Address 41 E DUVAL ST Address

City-State-Zip: JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip:

Title **AUTHORIZED REPRESENTATIVE** Title COO, MANAGER

Name OLINN, SEAN Name MOEINY, NATE 41 E DUVAL ST Address Address 41 E DUVAL ST

JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

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: KEEGAN JERVIS

Electronic Signature of Signing Authorized Person(s) Detail

CEO, MGR

01/20/2025