

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000535615

**Entity Name:** SJM SOLUTIONS LLC

**Current Principal Place of Business:**

1444 NW 14 AVE  
MIAMI, FL 33125

**FILED**  
**May 30, 2024**  
**Secretary of State**  
**5135118033CC**

**Current Mailing Address:**

1444 NW 14 AVE  
1510  
MIAMI, FL 33125 US

**FEI Number:** 61-2174449

**Certificate of Status Desired:** No

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

CRUCET, MICHAEL M  
1444 NW 14 AVE  
1510  
MIAMI, FL 33125 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            AUTHORIZED MEMBER  
Name            CRUCET, MICHAEL M  
Address        1444 NW 14 AVE APT 1510  
City-State-Zip: MIAMI FL 33125

Title            AUTHORIZED MEMBER  
Name            KNIGHT III, STANFORD J  
Address        1444 NW 14 AVE APT 1510  
City-State-Zip: MIAMI FL 33125

Title            AUTHORIZED MEMBER  
Name            CARSTEA, JULIAN  
Address        2020 N BAYSHORE DR  
City-State-Zip: MIAMI FL 33137

*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:** MICHAEL M CRUCET

**MEMBER**

**05/30/2024**

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

\_\_\_\_\_  
Date