

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000530

**Entity Name:** AHEARN JASCO FINANCIAL ADVISORS, LLC

**Current Principal Place of Business:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**FEI Number:** 65-0893115

**Certificate of Status Desired:** No

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

AHEARN, THOMAS F  
190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060 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 AHEARN, THOMAS F  
Address 190 S.E. 19 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title MGRM  
Name BORKOWSKI, MICHAEL A  
Address 190 S.E. 19 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

*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:** THOMAS F AHEARN

**MGR.**

**02/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date