

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005360

**Entity Name:** JPMC HERITAGE PARENT LLC

**Current Principal Place of Business:**

277 PARK AVENUE  
NEW YORK, NY 10172

**Current Mailing Address:**

277 PARK AVENUE  
NEW YORK, NY 10172 US

**FEI Number:** 27-3449378

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           GOMEZ-ACEBO, ANA CAPELLA  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

Title           MANAGER  
Name           BESSEY, BRIAN A  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

Title           MANAGER  
Name           KIPFER, DREW STEPHEN  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

Title           MANAGER  
Name           NOURIE, MARIE A  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

Title           VP  
Name           DANERI , ANDREA BELEN  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

Title           MANAGER  
Name           KELLOGG, TIMOTHY W  
Address        277 PARK AVENUE  
City-State-Zip: NEW YORK NY 10172

*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:** DANERI , ANDREA BELEN

VP

04/30/2024

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

\_\_\_\_\_  
Date