

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000275250

**Entity Name:** JAX HOME & TILE REPAIR L.L.C.

**Current Principal Place of Business:**

8551 FROST ST N  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

8551 FROST ST N  
JACKSONVILLE, FL 32221 UN

**FEI Number:** 87-1223680

**Certificate of Status Desired:** No

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

MADDOX, JESSE  
8551 FROST ST N  
JACKSONVILLE, FL 32221 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	AMBR	Title	AMBR
Name	MADDOX, EDMARIE	Name	MADDOX, JESSE
Address	8551 FROST ST N	Address	8551 FROST ST N
City-State-Zip:	JACKSONVILLE FL 32221	City-State-Zip:	JACKSONVILLE FL 32221

*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:** EDMARIE MADDOX

AMBR

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date