

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003765

**Entity Name:** TERI MICHELLE JONES, P.L.

**Current Principal Place of Business:**

2700 A-4 UNIVERSITY BLVD. W.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P. O. BOX 9916  
CHESAPEAKE, VA 23321

**FEI Number:** 20-4171798

**Certificate of Status Desired:** No

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

JONES, TERI MESQ  
2700 A-4 UNIVERSITY BLVD W.  
JACKSONVILLE, FL 32217 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            MGRM  
Name            JONES, TERI MESQ  
Address        2700 A-4 UNIVERSITY BLVD. W.  
City-State-Zip: JACKSONVILLE FL 32217

*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:** TERI MICHELLE JONES

MGRM

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date