

2015 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 M JONES

MGRM

03/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date