

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000063405

**Entity Name:** KATE JONES: MARRIAGE AND FAMILY THERAPY LLC.

**Current Principal Place of Business:**

598 NORTH FERDON BLVD  
CRESTVIEW, FL 32536

**Current Mailing Address:**

28863 HARBOR RD  
ANDALUSIA, AL 36421 US

**FEI Number:** 46-2646563

**Certificate of Status Desired:** No

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

GIORDANO, EMMA K  
598 NORTH FERDON BLVD  
CRESTVIEW, FL 32536 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, KATHRYN J  
Address 28863 HARBOR RD  
City-State-Zip: ANDALUSIA AL 36421

*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:** KATHRYN JONES

MRS

03/12/2021

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

\_\_\_\_\_ Date