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 [,] MELISA NELSON	MGR	04/03/2019				

SIGNATURE: MELISA NELSON

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

NELSON, MELISA J **5189 STEWART STREET** MILTON, FL 32570 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	URE: MELISA NELSON				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	MGR		
Name	NELSON, MELISA	Name	NELSON, MELISA		
Address	5189 STEWART STREET	Address	5189 STEWART STREET		
City-State-Zip:	MILTON FL 32570	City-State-Zip:	MILTON FL 32570		

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000043196

Entity Name: MELISA NELSON BAIL BONDS, LLC

Current Principal Place of Business:

5189 STEWART STREET MILTON, FL 32570, FL 32570

Current Mailing Address:

5189 STEWART STREET MILTON, FL 32570 US

FEI Number: 46-5263264

Certificate of Status Desired: No

Date

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