

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000007932

Entity Name: K. JONES INSURANCE OPTIONS LLC

Current Principal Place of Business:

86318 SAND HICKORY TRAIL
YULEE , FL 32097

Current Mailing Address:

86318 SAND HICKORY TRAIL
YULEE , FL 32097 US

FEI Number: 82-3990552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACAULAY & ASSOCIATES
5321 1ST AVE S
ST PETERSBURG, FL 33707 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: SANDY MACAULAY

04/11/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JONES, KELIE A
Address 86318 SAND HICKORY TRAIL
City-State-Zip: YULEE FL 32097

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: KELIE A JONES

AMBR

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date