

**2023 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

02/21/2023

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 JONES

**PRESIDENT**

02/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date