

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000007932

Entity Name: K. JONES INSURANCE OPTIONS LLC

Current Principal Place of Business:

6236 8TH AVENUE NORTH
ST PETERSBURG, FL 33710

Current Mailing Address:

6236 8TH AVENUE NORTH
ST PETERSBURG, FL 33710 US

FEI Number: 82-3990552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVY, DOLI A
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JONES, KELIE A
Address 6326 8TH AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33710

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

04/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date