

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000118271

Entity Name: A.JONES WELLNESS LLC

Current Principal Place of Business:

3215 E ESTHER ST
ORLANDO, FL 32806

Current Mailing Address:

3215 E ESTHER ST
ORLANDO, FL 32806

FEI Number: 83-0558466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ANDREW L
3215 E ESTHER ST
ORLANDO, FL 32806 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, ANDREW L
Address 3215 E ESTHER ST
City-State-Zip: ORLANDO FL 32806

Title AMBR
Name JONES, ASADA N
Address 3215 E ESTHER ST
City-State-Zip: ORLANDO FL 32806

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: ANDREW JONES

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date