

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000206601

**Entity Name:** JWELLSCFO LLC

**Current Principal Place of Business:**

99 KING ST  
592  
SAINT AUGUSTINE, FL 32085

**Current Mailing Address:**

99 KING ST  
592  
SAINT AUGUSTINE, FL 32085 US

**FEI Number:** 82-3820802

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELLS, JEREMY  
99 KING ST  
592  
SAINT AUGUSTINE, FL 32085 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            WELLS, JEREMY  
Address        99 KING ST  
                  592  
City-State-Zip: SAINT AUGUSTINE FL 32085

Title            AMBR  
Name            NICHOLAS, ERICA H  
Address        99 KING ST  
                  592  
City-State-Zip: SAINT AUGUSTINE FL 32085

*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:** JEREMY WELLS

**PRESIDENT**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date