

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000279630

**Entity Name:** JONES INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

216 AFTON SQUARE  
APT 305  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

216 AFTON SQUARE  
APT 305  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 87-1240297

**Certificate of Status Desired:** No

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

TRAPANE TAX SERVICE CORP  
215 RANDON TERRACE  
LAKE MARY, FL 32746 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 MGR  
Name KERWYN, JONES  
Address 216 AFTON SQUARE APT 305  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** KERWYN JONES

**OWNER/MANAGER**

**03/02/2023**

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

\_\_\_\_\_  
Date