

2022 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

MANAGER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date