

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000473374

**Entity Name:** TF JONES BUSINESS SERVICES,LLC

**Current Principal Place of Business:**

400 EL CAMINO DR  
APT 203  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

P.O BOX 3886  
WINTER HAVEN, FL 33885 US

**FEI Number: 87-3427403**

**Certificate of Status Desired:** No

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

JONES, THADEEN F  
400 EL CAMINO DR  
APT 203  
WINTER HAVEN, FL 33884 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, THADEEN F  
Address        400 EL CAMINO DR  
                  APT 203  
City-State-Zip: WINTER HAVEN FL 33884

*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: THADEEN F. JONES**

**MANAGER**

**04/19/2024**

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

\_\_\_\_\_  
Date