

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000003393

**Entity Name:** GLENN JONES INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1253 W. MEMORIAL BLVD  
LAKELAND, FL 33805

**Current Mailing Address:**

P.O. BOX 93158  
LAKELAND, FL 33805

**FEI Number:** 87-4260301

**Certificate of Status Desired:** Yes

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

JONES, GLENN G  
1253 W. MEMORIAL BLVD  
LAKELAND, FL 33805 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 CEO  
Name JONES, GLENN G  
Address 1253 W. MEMORIAL BLVD  
City-State-Zip: LAKELAND FL 33805

Title SEC  
Name JONES, LINDA L  
Address 1253 W. MEMORIAL BLVD  
City-State-Zip: LAKELAND FL 33805

Title ADMN  
Name JONES, JAHLINDA J  
Address 1253 W. MEMORIAL BLVD  
City-State-Zip: LAKELAND FL 33805

*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:** GLENN G. JONES

CEO/PRES

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date