

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000026465

**Entity Name:** CHRISTOPHER JONES, MD., LLC

**Current Principal Place of Business:**

14910 NORTH DALE MABRY HIGHWAY  
#340115  
TAMPA, FL 33694

**Current Mailing Address:**

14910 NORTH DALE MABRY HIGHWAY  
#340115  
TAMPA, FL 33694 US

**FEI Number:** 45-4728907

**Certificate of Status Desired:** No

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

JONES, CHRISTOPHER  
5409 WINHAWK WAY  
LUTZ, FL 33558 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 MGRM  
Name JONES, CHRISTOPHER  
Address 14910 NORTH DALE MABRY  
HIGHWAY  
#340115  
City-State-Zip: TAMPA FL 33694

*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:** CHRISTOPHER JONES

01/29/2023

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

\_\_\_\_\_ Date