

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000036267

**Entity Name:** J & A PARTNERSHIP, LLC

**Current Principal Place of Business:**

815 NW FLAGLER AVENUE  
#403  
STUART, FL 34994

**Current Mailing Address:**

815 NW FLAGLER AVENUE  
#403  
STUART, FL 34994 US

**FEI Number:** 65-0594571

**Certificate of Status Desired:** Yes

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

JONES, THOMAS  
815 NW FLAGLER AVENUE  
#403  
STUART, FL 34994 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 JONES, THOMAS  
Address 815 NW FLAGLER AVENUE  
#403  
City-State-Zip: STUART FL 34994

Title MGR  
Name ALLISON, STEPHEN B  
Address 521 SW OCEAN BLVD  
City-State-Zip: STUART FL 34994

*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:** THOMAS JONES

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date