

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000147164

Entity Name: ELISA WELLS JONES, LCSW, LLC

Current Principal Place of Business:

11557 SORRENTO ROAD
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 834
LILLIAN, AL 36549 UN

FEI Number: 47-2185696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ELISA W LCSW
11557 SORRENTO ROAD
PENSACOLA, FL 32507 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 AP
Name JONES, ELISA W LCSW
Address P.O BOX 834
City-State-Zip: LILLIAN AL 36549

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: ELISA WELLS JONES

LCSW

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date