

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000147164

**Entity Name:** ELISA WELLS JONES, LCSW, LLC

**Current Principal Place of Business:**

4050 S HWY 314A  
OCKLAWAHA, FL 32179

**Current Mailing Address:**

PO BOX 1365  
SILVER SPRINGS, FL 34489 UN

**FEI Number:** 47-2185696

**Certificate of Status Desired:** No

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

JONES, ELISA W LCSW  
4050 S HWY 314A  
OCKLAWAHA, FL 32179 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 PO BOX 1365  
City-State-Zip: SILVER SPRINGS FL 34489

*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

05/01/2017

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

\_\_\_\_\_  
Date