

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000082769

FILED
Mar 29, 2019
Secretary of State
7899804366CC

Entity Name: L. JONES PROPERTIES FOUR LLC

Current Principal Place of Business:

8500 NW 22 AVE
MIAMI, FL 33147

Current Mailing Address:

PO BOX 470815
MIAMI, FL 33247 US

FEI Number: 45-5631711

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, LEONZIE
8500 NW 22 AVE
MIAMI, FL 33147 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 | Title | MGR |
| Name | JONES, LEONZIE | Name | JONES, ANTWAINE L |
| Address | 8500 NW 22 AVE | Address | PO BOX 470815 |
| City-State-Zip: | MIAMI FL 33147 | City-State-Zip: | MIAMI FL 33247 |
| | | | |
| Title | MGR | | |
| Name | JONES, FLONNIE | | |
| Address | PO BOX 470815 | | |
| City-State-Zip: | MIAMI FL 33247 | | |

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: ANTWAINE L.JONES

MGR

03/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date