

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000160677

**Entity Name:** MICHAEL L JONES LLC

**Current Principal Place of Business:**

3627 ST JOHNS AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

6950 HYDE GROVE AVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 82-2297693

**Certificate of Status Desired:** No

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

JONES, MICHAEL L  
6950 HYDE GROVE AVE  
JACKSONVILLE, FL 32210 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	AR
Name	JONES, MICHAEL L	Name	JONES, CYNTHIA M
Address	6950 HYDE GROVE AVE	Address	6950 HYDE GROVE AVE
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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:** MICHAEL L JONES

**TITLE** MGR

**04/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date