

2020 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

MGR

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date