

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000160677

Entity Name: MICHAEL L JONES LLC

Current Principal Place of Business:

9191 RG SKINNER PKWY #102
JACKSONVILLE, FL 32256

Current Mailing Address:

5338 WOODCREST RD
JACKSONVILLE, FL 32205 US

FEI Number: 82-2297693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, MICHAEL L
5338 WOODCREST RD
JACKSONVILLE, FL 32205 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 | 5338 WOODCREST RD | Address | 5338 WOODCREST RD |
| City-State-Zip: | JACKSONVILLE FL 32205 | City-State-Zip: | JACKSONVILLE FL 32205 |

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 JONES

MGR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date