

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000095166

**Entity Name:** J.P.FLON, LLC

**Current Principal Place of Business:**

1317 EDGEWATER DR  
SUITE1378  
ORLANDO, FL 32804

**FILED**  
**Apr 25, 2021**  
**Secretary of State**  
**8068201023CC**

**Current Mailing Address:**

1317 EDGEWATER DR  
SUITE1378  
ORLANDO, FL 32804 US

**FEI Number:** 85-5160809

**Certificate of Status Desired:** No

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

DURANDISSE, PRISCILLA  
264 MILLET CIRCLE  
CANTONMENT, FL 32533 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            FOUNDER  
Name            DURANDISSE, PRISCILLA  
Address        1317 EDGEWATER DR  
                  SUITE1378  
City-State-Zip: ORLANDO FL 32804

Title            ARTIST/ CLOTHIER  
Name            GAUTHIER, JEAN-ALEXIS  
Address        430 NE 88TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            AUTHORIZED REPRESENTATIVE  
Name            HAYNES, SENIECE  
Address        1317 EDGEWATER DR  
                  SUITE1378  
City-State-Zip: ORLANDO FL 32804

*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:** PRISCILLA DURANDISSE

**FOUNDER /CEO**

**04/25/2021**

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

\_\_\_\_\_  
Date