

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000095166

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

**Current Principal Place of Business:**

40 W NINE MILE RD  
SUITE #2 PMB #233  
PENSACOLA, FL 32534

**Current Mailing Address:**

40 W NINE MILE RD  
SUITE #2 PMB #233  
PENSACOLA, FL 32534 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        264 MILLET CIRCLE  
City-State-Zip: CANTONMENT FL 32533

*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**

**05/01/2023**

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

\_\_\_\_\_  
Date