

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000009150

**Entity Name:** JM JONES LLC

**Current Principal Place of Business:**

1128 NW 39TH DRIVE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

415 NW 39TH ROAD  
APT. B  
GAINESVILLE, FL 32607 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

JONES, JOHN P  
415 NW 39TH ROAD  
APT. B  
GAINESVILLE, FL 32607 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 AMBR  
Name JONES, JOHN P  
Address 415 NW 39TH ROAD, APT. B  
City-State-Zip: GAINESVILLE FL 32607

Title AMBR  
Name JONES, MARIA L  
Address 1128 NW 39TH DRIVE  
City-State-Zip: GAINESVILLE FL 32605

*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:** JONES , JOHN P

AMBR

04/26/2021

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

\_\_\_\_\_  
Date