

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000003393

Entity Name: GLENN JONES INSURANCE AGENCY LLC

Current Principal Place of Business:

1253 W. MEMORIAL BLVD
LAKELAND, FL 33805

Current Mailing Address:

P.O. BOX 93158
LAKELAND, FL 33805

FEI Number: 87-4260301

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, GLENN G
1253 W. MEMORIAL BLVD
LAKELAND, FL 33805 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 CEO
Name JONES, GLENN G
Address 1253 W. MEMORIAL BLVD
City-State-Zip: LAKELAND FL 33805

Title SEC
Name JONES, LINDA L
Address 1253 W. MEMORIAL BLVD
City-State-Zip: LAKELAND FL 33805

Title ADMN
Name JONES, JAHLINDA J
Address 1253 W. MEMORIAL BLVD
City-State-Zip: LAKELAND FL 33805

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: GLENN G. JONES

CEO/PRES

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date