

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000051825

**Entity Name:** CRISTIANA JONES PROFESSIONAL LLC

**Current Principal Place of Business:**

411 SW KENTUCKY STR.  
FORT WHITE, FL 32038

**Current Mailing Address:**

411 SW KENTUCKY STR.  
FORT WHITE, FL 32038 UN

**FEI Number: 88-1246485**

**Certificate of Status Desired: No**

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

JONES, CRISTIANA  
411 SOUTHWEST KENTUCKY STREET  
FORT WHITE, FL, FL 32038 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  
Name JONES, CRISTIANA  
Address 411 SOUTHWEST KENTUCKY STREET  
  
City-State-Zip: FORT WHITE, FL FL 32038

*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: CRISTIANA JONES**

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date