

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000308894

**Entity Name:** ADORN JAX, LLC

**Current Principal Place of Business:**

9485 REGENCY SQUARE BLVD.  
SUITE 110  
JACKSONVILLE, FLORIDA, AL 32225

**Current Mailing Address:**

9485 REGENCY SQUARE BLVD.  
SUITE 110  
JACKSONVILLE, FLORIDA, AL 32225 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

POWERS, NANCY M  
9485 REGENCY SQUARE BLVD.  
SUITE 110  
JACKSONVILLE, FL 32225 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 LEE, ONEILA R  
Address 9485 REGENCY SQUARE BLVD.,  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name POWERS, NANCY M  
Address 9485 REGENCY SQUARE BLVD.,  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32225

*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:** NANCY M POWERS

**MEMBER**

**02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date