# 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: CHRISTIAN MICHAEL MYLES

Electronic Signature of Signing Authorized Person(s) Detail

MGR

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# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L04000087938

Entity Name: BULLINGTON INSURANCE GROUP, LLC

#### **Current Principal Place of Business:**

14502 N DALE MABRY HIGHWAY SUITE 200 TAMPA, FL 33618

#### **Current Mailing Address:**

14502 N DALE MABRY HIGHWAY SUITE 200 TAMPA, FL 33618 US

#### FEI Number: 20-2079222

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

MYLES, CHRISTIAN MICHAEL 1245 ROLLING STONE RUN ODESSA, FL 33556 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	CHRISTIAN MYLES			01/06/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	BULLINGTON, EILEEN MARY	Name	EDGAR, DANIEL BRUCE	
Address	16108 ARMISTEAD LANE	Address	14068 WINEBERRY DRIVE	
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	DADE CITY FL 33525	
Title	MGR	Title	AMBR	
Name	MYLES, CHRISTIAN MICHAEL	Name	IMSCHWEILER, JOCELYN HOI	PE
Address	1245 ROLLING STONE RUN	Address	16107 ARMISTEAD LANE	
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556	

#### Certificate of Status Desired: No

01/06/2024

## FILED Jan 06, 2024 Secretary of State 6014307814CC

Date