

2023 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BULLINGTON, BROOKS M
16108 ARMISTEAD LANE
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BULLINGTON, BROOKS M
Address 16108 ARMISTEAD LANE
City-State-Zip: ODESSA FL 33556

Title MGR
Name BULLINGTON, EILEEN M
Address 16108 ARMISTEAD LANE
City-State-Zip: ODESSA FL 33556

Title MANAGER
Name EDGAR, DANIEL
Address 1819 LEYBOURNE LOOP
City-State-Zip: WESLEY CHAPEL FL 33543

Title AMBR
Name MYLES, CHRISTIAN M
Address 1245 ROLLING STONE RUN
City-State-Zip: ODESSA FL 33556

Title AMBMR
Name IMSCHWEILER, JOCELYN H
Address 16107 ARMISTEAD LANE
City-State-Zip: ODESSA FL 33556

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: BROOKS BULLINGTON

MGR

01/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date