2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2016
Secretary of State
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Entity Name: BLACK INSURANCE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1868 HIGHLAND OAKS BLVD
SUITE A
LUTZ, FL 33559

Current Mailing Address:

1868 HIGHLAND OAKS BLVD
SUITE A
LUTZ, FL 33559 US

FEI Number: 35-2328104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, CHRISTOPHER R
1868 HIGHLAND OAKS BLVD
SUITE A
LUTZ, FL 33559 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	Title	AMBR
Name	BLACK, CHRISTOPHER R	Name	BLACK, MORGAN A
Address	1868 HIGHLAND OAKS BLVD SUITE A	Address	1868 HIGHLAND OAKS BLVD SUITE A
City-State-Zip:	LUTZ FL 33559	City-State-Zip:	LUTZ FL 33559

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: CHRISTOPHER R. BLACK MANAGER 01/09/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date