

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000066039

**Entity Name:** 8 OPTIONS INSURANCE, LLC

**Current Principal Place of Business:**

13475 ATLANTIC BLVD.  
UNIT 8  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

3174 BELDEN CIRCLE  
JACKSONVILLE, FL 32207 US

**FEI Number:** 81-1419043

**Certificate of Status Desired:** No

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

DANIELS, ANNQUENETTE  
3174 BELDEN CIRCLE  
JACKSONVILLE, FL 32207 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:** ANNQUENETTE DANIELS

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DANIELS, ANNQUENETTE C.  
Address 3174 BELDEN CIRCLE  
City-State-Zip: JACKSONVILLE FL 32207

*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:** ANNQUENETTE DANIELS

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date