

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000066039

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

**Current Principal Place of Business:**

6271 SAINT AUGUSTINE ROAD  
STE 24  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6271 SAINT AUGUSTINE ROAD  
STE 24  
JACKSONVILLE, FL 32217 US

**FEI Number:** 81-1419043

**Certificate of Status Desired:** No

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

DANIELS, ANNQUENETTE  
6271 SAINT AUGUSTINE ROAD  
STE 24  
JACKSONVILLE, FL 32217 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

04/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DANIELS, ANNQUENETTE  
Address 6271 SAINT AUGUSTINE ROAD  
STE 24  
City-State-Zip: JACKSONVILLE FL 32217

*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 C DANIELS

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date