

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000066039

Entity Name: 8 OPTIONS INSURANCE, LLC

Current Principal Place of Business:

6034 CHESTER AVE
107A
JACKSONVILLE, FL 32217

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:

CAMERONS SERVICES LLC
5206 N. PEARL ST
JACKSONVILLE, FL 32208 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 DANIELS, ANNQUENETTE
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

MANGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date