

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000066039

Entity Name: 8 OPTIONS INSURANCE, LLC

Current Principal Place of Business:

6859 LENOX AVE
32
JACKSONVILLE, FL 32205

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:

WILLIAMS, JAKINA
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: JAKINA WILLIAMS

04/11/2019

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 C DANIELS

OWNER

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date