

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000154904

Entity Name: BRADFORD INSURANCE LLC

Current Principal Place of Business:

7552 NAVARRE PKWY
SUITE 25
NAVARRE, FL 32566

Current Mailing Address:

7552 NAVARRE PKWY
SUITE 25
NAVARRE, FL 32566 US

FEI Number: 83-1047292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADFORD, AMBER N
8342 NEW ORLEANS CT.
NAVARRE, FL 32566 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 BRADFORD, AMBER N
Address 8342 NEW ORLEANS CT.
City-State-Zip: NAVARRE FL 32566

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: AMBER BRADFORD

OWNER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date