

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000060111

Entity Name: 1 STOP INSURANCE, LLC

Current Principal Place of Business:

700 MILL CREEK RD
JACKSONVILLE, FL 32211

Current Mailing Address:

PO BOX 19765
JACKSONVILLE, FL 32245 US

FEI Number: 36-4961899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOZLOV, ALLA I
700 MILL CREEK RD
JACKSONVILLE, FL 32211 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 MANAGER
Name KOZLOV, ALLA I
Address PO BOX 19765
City-State-Zip: JACKSONVILLE FL 32245

Title MANAGER
Name PALY, PAVEL I
Address PO BOX 19765
City-State-Zip: JACKSONVILLE FL 32245

Title MANAGER
Name JASELEV, ANTHONY ANATOLY
Address PO BOX 19765
City-State-Zip: JACKSONVILLE FL 32245

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: ALLA KOZLOV

MANAGER

06/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date