

**2021 FLORIDA LIMITED LIABILITY COMPANY 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 MGR  
Name KOZLOV, ALLA I  
Address 700 MILL CREEK RD  
City-State-Zip: JACKSONVILLE FL 32211

Title AR  
Name PALY, PAVEL I  
Address 700 MILL CREEK RD  
City-State-Zip: JACKSONVILLE FL 32211

*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

**MEMBER**

**02/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date