

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000081073

**Entity Name:** RICHARD BLALOCK L.L.C.

**Current Principal Place of Business:**

18359 JOHNSON RD  
HILLIARD, FL 32046

**Current Mailing Address:**

P.O. BOX 4  
HILLIARD, FL 32046 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLALOCK, BARBARA E  
18359 JOHNSON RD  
HILLIARD, FL 32046 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	PRES	Title	VP
Name	BLALOCK, RICHARD B SR	Name	BLALOCK, BARBARA E
Address	18359 JOHNSON RD	Address	18359 JOHNSON RD
City-State-Zip:	HILLIARD FL 32046	City-State-Zip:	HILLIARD 32046

*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:** RICHARD BLALOCK

**PRESIDENT**

**02/04/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date