

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000447536

**Entity Name:** OWNER OPERATORS FLORIDA INSURANCE PROGRAM LLC

**Current Principal Place of Business:**

4908 W. NASSAU ST.  
TAMPA, FL 33607

**Current Mailing Address:**

4908 W. NASSAU ST.  
TAMPA, FL 33607 US

**FEI Number:** 46-2133870

**Certificate of Status Desired:** No

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

CASPER, CHRISTOPHER  
4908 W. NASSAU ST.  
TAMPA, FL 33607 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 CASPER, BLAKE J  
Address 4908 W. NASSAU ST.  
City-State-Zip: TAMPA FL 33607

*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:** BLAKE J. CASPER

AP

04/19/2022

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

\_\_\_\_\_  
Date