

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000092790

**Entity Name:** NO FAULT BAIL BONDS LLC

**Current Principal Place of Business:**

625 CASSAT AVE  
#2  
JACKSONVILLE,, AL 32205

**Current Mailing Address:**

625 CASSAT AVE  
#2  
JACKSONVILLE,, AL 32205 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NO HASSLE BAIL BONDS  
625 CASSAT AVE  
2  
JACKSONVILLE,, FL 32205 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 DOWSTON, RODWICK  
Address 625 CASSAT AVE  
City-State-Zip: JACKSONVILLE FL 32205

*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:** RODWICK DOWSTON

MGR

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date