

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000413513

**Entity Name:** ALL STATE CATASTROPHE LLC

**Current Principal Place of Business:**

707 SPORTSMAN PARK DR  
SEFFNER, FL 33584

**Current Mailing Address:**

707 SPORTSMAN PARK DR  
SEFFNER, FL 33584

**FEI Number:** 92-0411991

**Certificate of Status Desired:** No

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

BARD, MICHAEL R  
707 SPORTSMAN PARK DR  
SEFFNER, FL 33584 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	Title	AMBR
Name	BARD, MICHAEL	Name	MALAVE, ALEXANDER
Address	707 SPORTSMAN PARK DR	Address	18002 RICHMOND PLACE DR #3525
City-State-Zip:	SEFFNER FL 33584	City-State-Zip:	TAMPA FL 33647

*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:** MICHAEL BARD

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date