2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

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Entity Name: BLACKFORD ALL LINES INSURANCE,LLC

Current Principal Place of Business:

11481 OLD ST. AUGUSTINE ROAD
SUITE 201A
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

11481 OLD ST. AUGUSTINE ROAD
SUITE 201A
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 45-3072840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKFORD, STEPHEN I
11481 OLD ST. AUGUSTINE ROAD
SUITE 201A
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BLACKFORD, STEPHEN I
Address: 11481 OLD ST. AUGUSTINE ROAD, SUITE 201A
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: STEPHEN I BLACKFORD PRS 01/31/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date