

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001394

Entity Name: BLACKWELL INSURANCE AGENCY LLC

Current Principal Place of Business:

205 W 7TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

P O BOX 520
PANAMA CITY, FL 32402

FEI Number: 20-8148845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKWELL, JOHNSON WJR
205 W 7TH ST
PANAMA CITY, FL 32401 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 MGRM
Name BLACKWELL, JOHNSON WJR
Address 205 W 7TH ST
City-State-Zip: PANAMA CITY FL 32401

Title MGRM
Name ROMAINE, TINA B
Address 205 W 7TH ST
City-State-Zip: PANAMA CITY FL 32401

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: JOHNSON W BLACKWELL JR

MGRM

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date