

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001394

**Entity Name:** BLACKWELL INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1109 BECK AVENUE  
UNIT B  
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:**

ROMAINE, TINA  
1109 BECK AVENUE  
UNIT B  
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:** TINA ROMAINE

**01/26/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                            |                 |                            |
|-----------------|----------------------------|-----------------|----------------------------|
| Title           | MGRM                       | Title           | AUTHORIZED REPRESENTATIVE  |
| Name            | ROMAINE, TINA B            | Name            | ROMAINE, PETER             |
| Address         | 1109 BECK AVENUE<br>UNIT B | Address         | 1109 BECK AVENUE<br>UNIT B |
| City-State-Zip: | PANAMA CITY FL 32401       | 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:** TINA BLACKWELL ROMAINE

**PRINCIPAL**

**01/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date