

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094182

**Entity Name:** BLACKFORD ALL LINES INSURANCE,LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 45-3072840

**Certificate of Status Desired:** Yes

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

BLACKFORD, STEPHEN I  
11481 OLD ST. AUGUSTINE ROAD  
SUITE 201A  
JACKSONVILLE, FL 32258 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 BLACKFORD, STEPHEN I  
Address 11481 OLD ST. AUGUSTINE ROAD,  
SUITE 201A  
City-State-Zip: JACKSONVILLE FL 32258

*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:** STEPHEN BLACKFORD

**MANAGER**

**01/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date