

2021 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 I BLACKFORD

MANAGER

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date