2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2021
Secretary of State
4188933554CC

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Entity Name: BLUE CLOVER INSURANCE LLC

Current Principal Place of Business:

7958 SW 8TH STREET
MIAMI, FL 33144

Current Mailing Address:

7958 SW 8TH STREET
MIAMI, FL 33144 US

FEI Number: 45-3864587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSUEGRA, GABRIELA
7958 SW 8TH STREET
MIAMI, FL 33144 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: GABRIELA CONSUEGRA 01/29/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	CONSUEGRA, GABRIELA
Address	7958 SW 8TH STREET
City-State-Zip:	MIAMI FL 33144

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: GABRIELA CONSUEGRA P 01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date