#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000044108

**Entity Name: BLUESTONE INSURANCE LLC** 

Apr 05, 2023 Secretary of State 4024869697CC

**FILED** 

# **Current Principal Place of Business:**

501 E LAS OLAS BLVD

#239

FORT LAUDERDALE, FL 33301

## **Current Mailing Address:**

501 E LAS OLAS BLVD

#239

FORT LAUDERDALE, FL 33301 US

FEI Number: 46-2356426 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BARTHOLOMEW, DAVID 501 E LAS OLAS BLVD #239

FORT LAUDERDALE, FL 33301 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: DAVID BARTHOLOMEW 04/05/2023

Electronic Signature of Registered Agent Date

# Authorized Person(s) Detail:

Title MGR

Name BARTHOLOMEW, DAVID
Address 501 E LAS OLAS BLVD

#239

City-State-Zip: FORT LAUDERDALE FL 33301

SIGNATURE: DAVID BARTHOLOMEW

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.

Electronic Signature of Signing Authorized Person(s) Detail

OWNER 04/05/2023

Date