

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000044108

**Entity Name:** BLUESTONE INSURANCE LLC

**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

04/29/2023

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

*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:** DAVID BARTHOLOMEW

MGR

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date