

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000044108

**Entity Name:** BLUESTONE INSURANCE LLC

**Current Principal Place of Business:**

521 NE 4TH AVE  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

611 NE 4TH AVE.  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 46-2356426

**Certificate of Status Desired:** No

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

BARTHOLOMEW, DAVID  
611 NE 4TH AVE.  
FORT LAUDERDALE, FL 33304 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

04/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BARTHOLOMEW, DAVID  
Address 611 NE 4TH AVE.  
City-State-Zip: FORT LAUDERDALE FL 33304

*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

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date