## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000044108

**Entity Name: BLUESTONE INSURANCE LLC** 

**Current Principal Place of Business:** 

1700 E LAS OLAS BLVD #104 FT LAUDERDALE. FL 33301

**Current Mailing Address:** 

1700 E LAS OLAS BLVD #104 FT LAUDERDALE, FL 33301 US

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

Name and Address of Current Registered Agent:

UPRIGHT, STORI 1700 E LAS OLAS BLVD #104 FT 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: STORI UPRIGHT 03/02/2016

Electronic Signature of Registered Agent

Date

FILED Mar 02, 2016

**Secretary of State** 

CC7752136313

Authorized Person(s) Detail:

Title MGMR

Name UPRIGHT, STORI

Address 1700 E LAS OLAS BLVD #104 City-State-Zip: FT 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: STORI UPRIGHT MGMR 03/02/2016