

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000212254

Entity Name: BL INS, LLC**Current Principal Place of Business:**348 SW MIRACLE STRIP PKWY
SUITE 3A
FORT WALTON BEACH, FL 32548**Current Mailing Address:**348 SW MIRACLE STRIP PKWY
SUITE 3A
FORT WALTON BEACH, FL 32548**FEI Number:** 85-4257601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, CHAD
348 SW MIRACLE STRIP PKWY
SUITE 3A
FORT WALTON BEACH, FL 32548 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:** CHAD HILL

04/17/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------------------|
| Title | MGR |
| Name | PAULZAK, MICHAEL D |
| Address | 348 SW MIRACLE STRIP PKWY |
| City-State-Zip: | SUITE 3A FL 32548 |
| Title | MGR |
| Name | PAULZAK, GARY |
| Address | 348 SW MIRACLE STRIP PKWY SUITE 3A |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

| | |
|-----------------|---------------------------------------|
| Title | MGR |
| Name | HILL, CHAD |
| Address | 348 SW MIRACLE STRIP PKWY SUITE 3A |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

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: CHAD HILL

MGR

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date