

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000191424

Entity Name: J.O. SERVICES INSURANCE, LLC

Current Principal Place of Business:

362 GULF BREEZE PARKWAY
#991
GULF BREEZE, FL 32561

Current Mailing Address:

362 GULF BREEZE PARKWAY
#991
GULF BREEZE, FL 32561 US

FEI Number: 82-2789815

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ODOM, MARTHA R
607 BAY CLIFFS ROAD
GULF BREEZE, FL 32561 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ODOM, MARTHA R
Address 607 BAY CLIFFS ROAD
City-State-Zip: GULF BREEZE FL 32561

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: MARTHA R ODOM

MEMBER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date