2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2024
Secretary of State
4751563295CC

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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: No

Name and Address of Current Registered Agent:

ODOM, MARTHA R
5069 HAMILTON LN
PACE, FL 32571 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	Title	BOOKKEEPER
Name	ODOM, MARTHA R	Name	CARTER, TOMMY
Address	5069 HAMILTON LN	Address	1269 HOLIDAY DR
City-State-Zip:	PACE FL 32571	City-State-Zip:	GULF BREEZE FL 32563

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: TOMMY CARTER BOOKKEEPER 03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date