

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000272349

Entity Name: B.A.D CATASTROPHES LLC

Current Principal Place of Business:

4921 BLOUNT VISTA CT
JACKSONVILLE, FL 32225

Current Mailing Address:

4921 BLOUNT VISTA CT
JACKSONVILLE, FL 32225

FEI Number: 83-2969612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELAPAZ, BLAKE A
4921 BLOUNT VISTA CT
JACKSONVILLE, FL 32225 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 AUTHORIZED REPRESENTATIVE
Name DELAPAZ, BLAKE ANTHONY
Address 4921 BLOUNT VISTA CT
City-State-Zip: JACKSONVILLE FL 32225

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: BLAKE DELAPAZ

OWNER

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date