

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000158995

Entity Name: ALXA INSURANCE LLC

Current Principal Place of Business:

13051 GRAN BAY PARKWAY
2118
JACKSONVILLE, FL 32258

Current Mailing Address:

13051 GRAN BAY PARKWAY
2118
JACKSONVILLE, FL 32258 US

FEI Number: 84-2245445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, DIANED
13051 GRAN BAY PARKWAY
2118
JACKSONVILLE, FL 32258 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 MGR
Name FERNANDEZ, DIANED
Address 13051 GRAN BAY PARKWAY APT 2118
City-State-Zip: JACKSONVILLE FL 32258

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: DIANED FERNANDEZ

PRINCIPAL

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date