

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000153159

**Entity Name:** BRAXTON BLACK INSURANCE, LLC

**Current Principal Place of Business:**

4610 WATERSCAPE LN  
FORT MYERS, FL 33966

**Current Mailing Address:**

4610 WATERSCAPE LN  
FORT MYERS, FL 33966

**FEI Number:** 99-2238631

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLACK, BRAXTON  
10665 AREUM PL  
102  
FORT MYERS, FL 33966 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 MGRM  
Name BLACK, BRAXTON  
Address 10665 AREUM PL  
102  
City-State-Zip: FORT MYERS FL 33966

*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:** BRAXTON BLACK

MGRM

04/25/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date