

2026 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
853 PORTLAND ST E
LEHIGH ACRES, FL 33974 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

OWNER

03/06/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date