#### 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SADEGH SHAMEHDI

Electronic Signature of Signing Officer/Director Detail

# Officer/Director Detail ·

Officer/Director Detail :				
	Title	Р	Title	VP
	Name	SHAMEHDI, SADEGH M	Name	SHAMEHDI, CARISSA
	Address	7753 W WATERS AVENUE	Address	7753 W WATERS AVEN
	City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615
	Title	S		
	Name	DE DI, D LAURIE		
	Address	7753 W WATERS AVENUE		
	City-State-Zip:	TAMPA FL 33615		

# FEI Number: 59-3368336

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SHAMEHDI, SADEGH M 7753 W WATERS AVENUE TAMPA, FL 33615 US

SIGNATURE:

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P07000125009

Entity Name: CENTRAL FLORIDA REGIONAL INSURANCE, INC.

## **Current Principal Place of Business:**

7753 W WATERS AVENUE TAMPA, FL 33615

### **Current Mailing Address:**

7753 W WATERS AVENUE TAMPA, FL 33615 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.

Certificate of Status Desired: No

FILED Feb 05, 2024 Secretary of State 9430976729CC

Date

Date

02/05/2024

PRESIDENT