

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023191

**Entity Name:** 1ST MEMBERS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

303 E. WASHINGTON STREET  
CHATTAHOOCHEE, FL 32324

**Current Mailing Address:**

303 E. WASHINGTON STREET  
CHATTAHOOCHEE, FL 32324

**FEI Number:** 14-1925692

**Certificate of Status Desired:** No

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

WILLIAMS, F. PALMER  
C/O WILLIAMS, GAUTIER, ET AL  
2010 DELTA BLVD.  
TALLAHASSEE, FL 32303 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 ENFINGER, WILLIAM C  
Address 303 E. WASHINGTON STREET  
City-State-Zip: CHATTAHOOCHEE FL 32324

*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:** WILLIAM C ENFINGER

**PRESIDENT**

**01/15/2020**

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

\_\_\_\_\_  
Date