

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121341

Entity Name: INSURANCE GROUP OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

1155 S SEMORAN BLVD
SUITE 3-1120
WINTER PARK, FL 32792

Current Mailing Address:

1155 S SEMORAN BLVD
SUITE 3-1120
WINTER PARK, FL 32792 US

FEI Number: 90-0188562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

METT, KIMBERLY L
1155 S SEMORAN BLVD
SUITE 3-1120
WINTER PARK, FL 32792 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 METT, KIMBERLY L
Address 1155 S SEMORAN BLVD
SUITE 3-1120
City-State-Zip: WINTER PARK FL 32792

Title MGRM
Name WILSON, JOHN
Address 1155 S SEMORAN BLVD
SUITE 3-1120
City-State-Zip: WINTER PARK FL 32792

Title MGRM
Name MURRAY, MARK A
Address 1155 S SEMORAN BLVD
SUITE 3-1120
City-State-Zip: WINTER PARK FL 32792

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: KIMBERLY METT

MANAGING MEMBER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date