2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
7714585255CC

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Entity Name: INSURANCE LINE ONE LLC

Current Principal Place of Business:

43 S. POWERLINE RD #106
POMPANO BEACH, FL 33069

Current Mailing Address:

43 S. POWERLINE RD #106
POMPANO BEACH, FL 33069 US

FEI Number: 27-2147497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARY I. HANDIN, P.A.
3111 UNIVERSITY DRIVE
605
CORAL SPRINGS, FL 33065 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: GARY I. HANDIN, PRESIDENT 04/08/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT, AUTHORIZED MEMBER/MANAGER
Name	BASO, KRISTIAN
Address	43 S. POWERLINE RD #106
City-State-Zip:	POMPANO BEACH FL 33069

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: KRISTIAN BASO PRESIDENT 04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date