

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087157

**Entity Name:** MY HOMETOWN AGENCY LLC

**Current Principal Place of Business:**

6789 SW HIGHWAY 200  
OCALA, FL 34476

**Current Mailing Address:**

PO BOX 278  
OCALA, FL 32667 US

**FEI Number:** 45-5616492

**Certificate of Status Desired:** No

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

HARRIS, AARON M  
6789 SW HIGHWAY 200  
OCALA, FL 34476 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	Title	VP
Name	HARRIS, AARON M	Name	WILLIAMS, MELISSA CARRIE
Address	6789 SW HIGHWAY 200	Address	6789 SW HIGHWAY 200
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

*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:** AARON MATTHEW HARRIS

MGRM

02/06/2024

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

\_\_\_\_\_ Date