

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000044692

**Entity Name:** INSURANCE4PEOPLE LLC

**Current Principal Place of Business:**

11540 202ND STREET  
OBRIEN , FL 32071

**Current Mailing Address:**

11540 202ND STREET  
OBRIEN, FL 32071 US

**FEI Number:** 46-2241437

**Certificate of Status Desired:** No

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

WOODWORTH, SHAWN  
6565 64TH WAY NORTH  
PINELLAS PARK, FL 33781 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:** SHAWN WOODWORTH

01/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WOODWORTH, SHAWN  
Address 6565 64TH WAY NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title MGR  
Name MODESITT, CINDY  
Address 11540 202ND STREET  
City-State-Zip: OBRIEN FL 32071

*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:** SHAWN WOODWORTH

**PARTNER**

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date