

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000052274

Entity Name: WINSURANCE LLC.

Current Principal Place of Business:

3817 SOUTH NOVA ROAD
#104-118
PORT ORANGE, FL 32127

Current Mailing Address:

3817 SOUTH NOVA ROAD
#104-118
PORT ORANGE, FL 32127 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KROHA, ANNETTE
5216 RIVERSIDE DRIVE
PORT ORANGE, FL 32127 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 AMBR
Name KROHA, WINDHAM ANDERS
Address 3817 SOUTH NOVA ROAD
 #104-118
City-State-Zip: PORT ORANGE FL 32127

Title MGR
Name KROHA, ANNETTE
Address 3817 SOUTH NOVA ROAD
 #104-118
City-State-Zip: PORT ORANGE FL 32127

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: ANNETTE KROHA

MGR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date