

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000113410

Entity Name: WHITE DOVE INSURANCE AGENCY LLC

Current Principal Place of Business:

11720 US HWY 19
STE 6
PORT RICHEY, FL 34668

Current Mailing Address:

P.O. BOX 6939
HUDSON, FL 34674 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JANOSKI, LINDA M
11720 US HWY 19
STE 6
PORT RICHEY, FL 34668 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 JANOSKI, LINDA M
Address P.O. BOX 6939
City-State-Zip: HUDSON FL 34673

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: LINDA M JANOSKI

AMBR

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date