

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000125263

**Entity Name:** LIGHTHOUSE INSURANCE OF FLORIDA, LLC

**Current Principal Place of Business:**

900 E INDIANTOWN RD  
SUITE 100  
JUPITER, FL 33477

**Current Mailing Address:**

900 E INDIANTOWN RD,  
STE 100  
JUPITER, FL 33477 US

**FEI Number:** 47-4487844

**Certificate of Status Desired:** No

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

ABBOTT, AMIE S  
900 E INDIANTOWN RD  
SUITE 100  
JUPITER, FL 33477 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	MGR	Title	AUTHORIZED MEMBER
Name	ABBOTT, AMIE S	Name	ABBOTT, THOMAS P JR.
Address	900 E INDIANTOWN RD SUITE 100	Address	900 E INDIANTOWN RD SUITE 100
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	JUPITER FL 33477

*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:** AMIE S ABBOTT

**OWNER**

**04/28/2023**

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

\_\_\_\_\_  
Date