

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000191509

Entity Name: U.S. MARINE INSURANCE GROUP, LLC**Current Principal Place of Business:**4210 VALLEY RIDGE BLVD
SUITE 138
PONTE VEDRA, FL 32081**Current Mailing Address:**P.O. BOX 540
SAINT ALBANS, VT 05478 US**FEI Number:** 47-5444610**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIGHT, WILLIAM S
3255 TALA LOOP
LONGWOOD, FL 32679 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
Name	DIPAOLA, JOSEPH
Address	236 BERMUDA GREENS AVE.
City-State-Zip:	PONTE VEDRA FL 32081

Title	MGR
Name	LIGHT, WILLIAM S
Address	3255 TALA LOOP
City-State-Zip:	LONGWOOD FL 32679

Title	MGR
Name	NICHOLAS HANDY
Address	1701 STETSON COURT
City-State-Zip:	LONGWOOD FL 32779

Title	MGR
Name	RIESEN, DINA
Address	8281 PAVIA WAY
City-State-Zip:	LAKEWOOD RANCH FL 34202

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: DONALD WELLS

CFO

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date