

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000070706

**Entity Name:** CENTRAL FLORIDA INSURANCE PARTNERS, LLC

**Current Principal Place of Business:**

37911 HEATHER PLAZA  
DADE CITY, FL 33525

**Current Mailing Address:**

37911 HEATHER PLAZA  
DADE CITY, FL 33525 US

**FEI Number: 82-1015892**

**Certificate of Status Desired: No**

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

WILLIAMS, JOHN W  
37714 FAIRFIELD LN  
DADE CITY, FL 33525 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	CEO	Title	COO
Name	WILLIAMS, JOHN W	Name	WILLIAMS, KRISTEN
Address	37714 FAIRFIELD LN	Address	37714 FAIRFIELD LN
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525

*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: KRISTEN WILLIAMS**

**COO**

**01/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date