

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000070706

Entity Name: CENTRAL FLORIDA INSURANCE PARTNERS, LLC

Current Principal Place of Business:

15000 CITRUS COUNTRY DRIVE
#307
DADE CITY, FL 33525

Current Mailing Address:

15000 CITRUS COUNTRY DRIVE
#307
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

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date