

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000070706

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

**Current Principal Place of Business:**

37714 FAIRFIELD LANE  
DADE CITY, FL 33525

**Current Mailing Address:**

37714 FAIRFIELD LANE  
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  
Name            WILLIAMS, JOHN W  
Address        37714 FAIRFIELD LN  
City-State-Zip: DADE CITY FL 33525

Title            COO  
Name            WILLIAMS, KRISTEN  
Address        37714 FAIRFIELD LN  
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**

**02/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date