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: JACOUANNE CADET	OWNER	03/25/2020			

OWNER

SIGNATURE: JACQUANNE CADET

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000121957

Entity Name: RAYMOND'S INSURANCE GROUP LLC

Current Principal Place of Business:

597 EAST SAMPLE RD SUITE B DEERFIELD BEACH, FL 33064

Current Mailing Address:

11270 NW 52 ST CORAL SPRINGS, FL 33076

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CADET, JACQUANNE 11270 NW 52 ST CORAL SPRINGS, FL 33076 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.

	, , ,		0 0 /				
SIGNATURE:	CADET JACQUANNE			03/25/2020			
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	MGR	Title	MGR				
Name	JEAN , RAYMOND	Name	CADET, JACQUANNE				
Address	11270 NW 52 ST	Addres	ss 597 EAST SAMPLE ED - STE	Е. В			
City-State-Zip:	CORAL SPRINGS FL 33076	City-Sta	ate-Zip: POMPANO BEACH FL 3306	64			

Certificate of Status Desired: No

FILED Mar 25, 2020 Secretary of State 4428941610CC

Date