

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000258873

Entity Name: ONE & ONLY INSURANCE AGENCY, LLC

Current Principal Place of Business:

535 US HWY 17-92 W
HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 2108
DAVENPORT, FL 33836 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAUTISTA, CAMILO A
535 US HWY 17-92 W
HAINES CITY, FL 33844 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: CAMILO A BAUTISTA

03/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BAUTISTA, CAMILO A	Name	VARGAS, SERGIO
Address	535 US HWY 17-92 W	Address	535 US HWY 17-92 W
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

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: CAMILO ALONSO BAUTISTA

OWNER/AGENT

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date