

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000248359

Entity Name: PLAN RIGHT INSURANCE OF FLORIDA LLC

Current Principal Place of Business:

513 CENTERWOOD DR
TARPON SPRINGS, FL 34688

Current Mailing Address:

513 CENTERWOOD DR
TARPON SPRINGS, FL 34688 US

FEI Number: 83-2352173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, DANIEL BRYAN
513 CENTERWOOD DR
TARPON SPRINGS, FL 34688 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: DANIEL B WALKER

02/04/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name WALKER, DANIEL
Address 513 CENTERWOOD DR
City-State-Zip: TARPON SPRINGS FL 34688

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: DANIEL WALKER

02/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date