

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000155607

**Entity Name:** PAPY INSURANCE HOLDINGS, LLC

**Current Principal Place of Business:**

1190 S. ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1190 S. ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

**FEI Number:** 85-0597563

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAPY, CHARLES C  
201 S. BISCAYNE BOULEVARD  
SUITE 3400  
MIAMI, FL 33131 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 MGR  
Name PAPY, DOUGLAS  
Address 1190 S. ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

*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:** DOUGLAS PAPY

**MEMBER**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date