

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000080844

Entity Name: 1 UNITED INSURANCE, LLC

Current Principal Place of Business:

6100 NW SWEETWOOD DR
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

6100 NW SWEETWOOD DR
PORT SAINT LUCIE, FL 34987 US

FEI Number: 84-4617873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CELESTIN, DARA
6100 NW SWEETWOOD DR
PORT SAINT LUCIE, FL 34987 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 CELESTIN, DARA
Address 6100 NW SWEETWOOD DR
City-State-Zip: PORT SAINT LUCIE FL 34987

Title MGR
Name CELESTIN, JOE SR
Address 6100 NW SWEETWOOD DR
City-State-Zip: PORT SAINT LUCIE FL 34987

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: DARA CELESTIN

REGISTERED AGENT

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date