

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000093719

Entity Name: AMERIFED INSURANCE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

7233 WOODBROOK DRIVE
TAMPA, FL 33625

Current Mailing Address:

7233 WOODBROOK DRIVE
TAMPA, FL 33625 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CURRY, SHANNON M
7233 WOODBROOK DRIVE
TAMPA, FL 33625 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	Title	AP
Name	CURRY, SHANNON M	Name	OBRADOVICH, JOSE F
Address	7233 WOODBROOK DRIVE	Address	7233 WOODBROOK DRIVE
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

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: SHANNON M CURRY

MGR

04/30/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date