

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000105371

**Entity Name:** DRP INSURANCE ENTERPRISES LLC

**Current Principal Place of Business:**

10710 STATE ROAD 54  
SUITE C101  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

10710 STATE ROAD 54  
SUITE C101  
NEW PORT RICHEY, FL 34655

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

STANTON CRONIN LAW GROUP PL  
6944 W. LINEBAUGH AVE  
SUITE 102  
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  
Name GALLAGHER, PATRICK  
Address 10710 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR  
Name GALLAGHER, RACHEL  
Address 10710 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR  
Name RANDALL, DAVID  
Address 10710 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

*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: PATRICK GALLAGHER**

**MGR**

**04/30/2021**

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

\_\_\_\_\_  
Date