

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000110444

Entity Name: BILL WILKIE INSURANCE LLC

Current Principal Place of Business:

2416 TERESA CIRCLE
APT C
TAMPA, FL 33629

Current Mailing Address:

2416 TERESA CIRCLE
APT C
TAMPA, FL 33629 US

FEI Number: 85-1144532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILKIE, WILLIAM T
2416 TERESA CIRCLE
APT C
TAMPA, FL 33629 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 AUTHORIZED MEMBER
Name WILKIE, WILLIAM T
Address 2416 TERESA CIRCLE
APT C
City-State-Zip: TAMPA FL 33629

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: WILLIAM T WILKIE

OWNER

03/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date