

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000345509

Entity Name: PROMED INSURANCE LLC

Current Principal Place of Business:

426 FISHTAIL TERRACE
WESTON, FL 33327

Current Mailing Address:

426 FISHTAIL TERRACE
WESTON, FL 33327 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDEMANN, STACEY A
426 FISHTAIL TERRACE
WESTON, FL 33327 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: STACEY A LINDEMANN

03/08/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name LINDEMANN, STACEY A
Address 426 FISHTAIL TERRACE
City-State-Zip: WESTON 33327

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: STACEY LINDEMANN

CEO

03/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date