

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

10/08/2021

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 A LINDEMANN

CEO

10/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date