

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000021986

**Entity Name:** SBMAY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

2623 CENTENNIAL BOULEVARD  
SUITE 205  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1600 PULLEN RD APT 2G  
TALLAHASSEE, FL 32303 US

**FEI Number:** 86-2249826

**Certificate of Status Desired:** No

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

MAY, SUSZAN B  
1600 PULLEN RD APT 2G  
TALLAHASSEE, FL 32303 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, OWNER  
Name MAY, SUSZAN B  
Address 1600 PULLEN RD APT 2G  
City-State-Zip: TALLAHASSEE FL 32303

*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:** SUSZAN B. MAY

**OWNER**

**05/01/2023**

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

\_\_\_\_\_  
Date