

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000119478

Entity Name: THE CROSS INSURANCE LLC

Current Principal Place of Business:

30275 US HWY 19 N
STE. 117
PALM HARBOR, FL 34684

Current Mailing Address:

30275 US HWY 19 N
STE. 117
PALM HARBOR, FL 34684 US

FEI Number: 86-2590803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUSHING, ZACHARY
30725 US HWY 19 N
STE. 117
PALM HARBOR, FL 34684 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 PRESIDENT
Name CUSHING, ZACHARY A
Address 30275 US HWY 19 N
 STE. 117
City-State-Zip: PALM HARBOR FL 34684

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: ZACHARY CUSHING

PRESIDENT

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date