

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000294080

Entity Name: PROFESSIONAL GROUP INSURANCE LLC

Current Principal Place of Business:

9052 WILDFLOWER LANE
KISSIMMEE, FL 34747

Current Mailing Address:

9052 WILDFLOWER LANE
KISSIMMEE, FL 34747

FEI Number: 87-1402357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RONDON, JEAN
9052 WILDFLOWER LANE
KISSIMMEE, FL 34747 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
Name RONDON, JEAN
Address 9052 WILDFLOWER LANE
City-State-Zip: KISSIMMEE FL 34747

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: RONDON , JEAN

MGR

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date