

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000511431

**Entity Name:** PARAMOUNT INSURANCE LLC

**Current Principal Place of Business:**

15343 AMBERLY DR  
TAMPA, FL 33647

**Current Mailing Address:**

12802 N 53RD ST  
TEMPLE TERRACE, FL 33617 US

**FEI Number: 87-3850639**

**Certificate of Status Desired: No**

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

SIEGFRIED, KEEGAN  
12802 N 53RD ST  
TEMPLE TERRACE, FL 33617 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 SIEGFRIED, KEEGAN  
Address 12802 N 53RD ST  
City-State-Zip: TEMPLE TERRACE FL 33617

*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: KEEGAN SIEGFRIED**

**MGR**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date