

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000059333

Entity Name: FAITH INSURANCE AGENCY LLC

Current Principal Place of Business:

200 E. ROBINSON STREET
SUITE 1120
ORLANDO, FL 32824

Current Mailing Address:

1635 THETFORD CIR
ORLANDO, FL 32824 UN

FEI Number: 88-0737041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIZA, MIRANDA A
1635 THETFORD CIR
ORLANDO, FL 32824 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	MBR	Title	MBR
Name	LIZA, MIRANDA A	Name	SAMUEL, LEO W JR
Address	1635 THETFORD CIR	Address	1635 THETFORD CIR
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32824

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: LIZA, MIRANDA A

MBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date