

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000220588

**Entity Name:** INSURANCE PROTECTION NEEDS LLC

**Current Principal Place of Business:**

12718 LAKE VISTA DR  
GIBSONTON, FL 33534

**Current Mailing Address:**

12718 LAKE VISTA DR  
GIBSONTON, FL 33534 US

**FEI Number:** 92-0708378

**Certificate of Status Desired:** No

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

FOMON, THOMAS  
12718 LAKE VISTA DR  
GIBSONTON, FL 33534 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            CEO  
Name            FOMON, THOMAS  
Address        12718 LAKE VISTA DR  
City-State-Zip: GIBSONTON FL 33534

*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:** THOMAS FOMON

CEO

02/01/2023

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

\_\_\_\_\_ Date