

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000269033

**Entity Name:** WCSULLIVAN INSURANCE LLC

**Current Principal Place of Business:**

8403 SOUTH PARK CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

520 E CHURCH ST  
APT 938  
ORLANDO, FL 32801 US

**FEI Number:** 88-2931434

**Certificate of Status Desired:** No

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

SULLIVAN, WILLIAM CAIN  
8403 SOUTH PARK CIRCLE  
ORLANDO, FL 32819 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:** WILLIAM CAIN SULLIVAN

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name SULLIVAN, WILLIAM CAIN  
Address 520 E CHURCH ST  
APT 938  
City-State-Zip: ORLANDO FL 32801

*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:** WILLIAM CAIN SULLIVAN

CEO

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date