

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000340258

**Entity Name:** GRUBBS INSURANCE LLC

**Current Principal Place of Business:**

1301 S JEFFERSON ST  
MONTICELLO, FL 32344

**Current Mailing Address:**

1301 S JEFFERSON ST  
MONTICELLO, FL 32344 US

**FEI Number:** 88-3553501

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            AMBR  
Name            GRUBBS, SAMUEL J JR.  
Address        525 TAYLOR RD  
City-State-Zip: MONTICELLO FL 32344

*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: SAMUEL GRUBBS**

**MANAGER**

**02/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date