

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000352181

Entity Name: TD INSURANCE, LLC

Current Principal Place of Business:

14024 WATERVILLE CIRCLE
TAMPA, FL 33626

Current Mailing Address:

14024 WATERVILLE CIRCLE
TAMPA, FL 33626

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACKIN, BRICE
14024 WATERVILLE CIRCLE
TAMPA, FL 33626 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 MACKIN, BRICE
Address 14024 WATERVILLE CIRCLE
City-State-Zip: TAMPA FL 33626

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: BRICE MACKIN

AMBR

04/25/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date