

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000379268

**Entity Name:** KINGDOM INSURANCE LLC

**Current Principal Place of Business:**

13361 N 56TH ST  
TAMPA, FL 33617

**Current Mailing Address:**

13361 N 56TH ST  
TAMPA, FL 33617 US

**FEI Number:** 88-4030874

**Certificate of Status Desired:** Yes

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

SHATIKA YOUNG JAMES  
13361 N 56TH ST  
TAMPA, FL 33617 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            AUTHORIZED MEMBER  
Name            JAMES, SHATIKA YOUNG  
Address        13361 N 56TH ST  
City-State-Zip: TAMPA FL 33617

*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:** SHATIKA YOUNG JAMES

**AUTHORIZED MEMBER**

**04/17/2024**

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

\_\_\_\_\_  
Date