**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 01, 2025**
**Secretary of State**
**3958325356CC**

DOCUMENT# L22000389087

**Entity Name:** SOUTHEASTERN INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

8051 N. TAMIAMI TRAIL STE E6
SARASOTA, FL 34243

**Current Mailing Address:**

8051 N. TAMIAMI TRAIL STE E6
SARASOTA, FL 34243 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

CINDY'S FLORIDA LLC
8051 N. TAMIAMI TRAIL SUITE E6
SARASOTA, FL 34243 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 | MGR |
| Name | NATIONAL INSURANCE ADVISORY ASSOCIATION LL |
| Address | 1309 COFFEEN AVENUE STE 6196 |
| City-State-Zip: | SHERIDAN WY 82801 |

*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: NATIONAL INSURANCE ADVISORY ASSOCIATION LL MGR 04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date