

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471811

Entity Name: SIHLE INSURANCE GROUP, INC.**Current Principal Place of Business:**1021 DOUGLAS AVENUE
ALTAMONTE SPGS, FL 32714**Current Mailing Address:**P.O. BOX 160398
ALTAMONTE SPGS, FL 32716 US**FEI Number:** 59-1619274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICCARD, KENNETH
1021 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 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:** KENNETH RICCARD

02/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	SIHLE, GERALD K.
Address	1930 BRIDGEWATER DRIVE
City-State-Zip:	HEATHROW FL 32746

Title	T
Name	SIHLE, JOAN
Address	1930 BRIDGEWATER DR
City-State-Zip:	HEATHROW FL 32746

Title	PRESIDENT
Name	SIHLE, MICHAEL D
Address	808 BRICKELL KEY DRIVE, SUITE 2605
City-State-Zip:	MIAMI FL 33131

Title	S
Name	SIHLE, TRACI
Address	1341 MAGNOLIA BAY CT
City-State-Zip:	MAITLAND FL 32751

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL D SIHLE

PRESIDENT

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date