### 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000091823

Entity Name: C.A.F. INSURANCE SOLUTIONS INC.

FILED Feb 10, 2025 Secretary of State 1430993486CC

### **Current Principal Place of Business:**

801INTERNATIONAL PKWY SUITE 5112 LAKE MARY, FL 32746

# **Current Mailing Address:**

801 INTERNATINAL PKWY SUITE 5112 LAKE MARY, FL 32746 US

FEI Number: 81-4458010 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FOLISE, THOMAS G 801INTERNATIONAL PKWY SUITE 5112 LAKE MARY, FL 32746 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: THOMAS G FOLISE 02/10/2025

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title D

Name FOLISE, THOMAS G

Address 801INTERNATIONAL PKWY

**SUITE 5112** 

City-State-Zip: LAKE MARY FL 32746

SIGNATURE: THOMAS G FOLISE

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

Date

02/10/2025