

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042428

**Entity Name:** SOUTHERN FINANCIAL INSURANCE GROUP, LLC

**Current Principal Place of Business:**

2750 CHANCELLORSVILLE DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2750 CHANCELLORSVILLE DRIVE  
TALLAHASSEE, FL 32312 US

**FEI Number:** 20-8883963

**Certificate of Status Desired:** No

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

WELLS, BYRON  
2750 CHANCELLORSVILLE DRIVE  
TALLAHASSEE, FL 32312 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:** BYRON WELLS

02/22/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SOUTHERN FIDELITY MANAGING  
AGENCY  
Address 2750 CHANCELLORSVILLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

*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:** KRISTIE MOCK

SECRETARY

02/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date