

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060773

Entity Name: REQUEST INSURANCE, LLC

Current Principal Place of Business:

3391 20 MILE ROAD
PONTE VEDRA BEACH, FL 32081

Current Mailing Address:

3391 20 MILE ROAD
PONTE VEDRA BEACH, FL 32081 US

FEI Number: 20-5726673

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, ANDREW J
3391 20 MILE ROAD
PONTE VEDRA BEACH, FL 32081 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 PATTERSON, ANDREW J
Address 3391 20 MILE ROAD
City-State-Zip: PONTE VEDRA BEACH FL 32081

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: ANDREW J PATTERSON

MGR

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date