2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2025
Secretary of State
6309532164CC

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Entity Name: ARISTO INSURANCE GROUP, LLC

Current Principal Place of Business:

3906 ALAFIA BLVD
BRANDON, FL 33511

Current Mailing Address:

POST OFFICE BOX 6970
BRANDON, FL 33508 US

FEI Number: 80-0229490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHERMERHORN, PHILIP C
3906 ALAFIA BLVD
BRANDON, FL 33511 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: PHILIP C SCHERMERHORN 05/01/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	SCHERMERHORN, PHILIP C	Name	SCHERMERHORN, CYNTHIA J
Address	POST OFFICE BOX 6970	Address	POST OFFICE BOX 6970
City-State-Zip:	BRANDON FL 33508	City-State-Zip:	BRANDON FL 33508

Title	MGRM
Name	BLANCHARD, ADRIENNE
Address	3234 SAGO POINT CT
City-State-Zip:	LAND O LAKES FL 34639

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: PHILIP SCHERMERHORN MGRM 05/01/2025

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