

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109358

**Entity Name:** DARR SCHACKOW INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

5200-B W. NEWBERRY RD.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5200-B W. NEWBERRY RD.  
GAINESVILLE, FL 32607

**FEI Number:** 26-3772160

**Certificate of Status Desired:** No

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

DARR, JOHN MIV  
5200-B W. NEWBERRY RD.  
GAINESVILLE, FL 32607 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 MGRM  
Name DARR, JOHN MIV  
Address 5200-B W. NEWBERRY RD.  
City-State-Zip: GAINESVILLE FL 32607

Title MGRM  
Name SCHACKOW, RAYMOND S  
Address 5200-B W. NEWBERRY RD.  
City-State-Zip: GAINESVILLE FL 32607

*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:** RAYMOND SCHACKOW

MBR/MGR

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date