

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112561

Entity Name: NASH INSURANCE & ASSOCIATES LLC

Current Principal Place of Business:

8801 COLLEGE PKWY
SUITE 1 AND 5
FORT MYERS, FL 33919

Current Mailing Address:

8801 COLLEGE PKWY
SUITE 1
FT. MYERS, FL 33919

FEI Number: 26-3838716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASH, BRANDON C
8801 COLLEGE PARKWAY SUITE 1 & 5
FORT MYERS, FL 33919 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 NASH, BRANDON C
Address 8801 COLLEGE PARKWAY SUITE 1 & 5
City-State-Zip: FORT MYERS FL 33919

Title MGRM
Name NASH, MELLOE
Address 8801 COLLEGE PARKWAY SUITE 1 & 5
City-State-Zip: FORT MYERS FL 33919

Title MGRM
Name NASH, BRADLEY HALL MGRM
Address 8801 COLLEGE PKWY SUITE 1
City-State-Zip: FT. MYERS FL 33919

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: BRANDON CLEMENT NASH

OWNER

02/05/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date