

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000001798

Entity Name: MAPPS INSURANCE, LLC

Current Principal Place of Business:

9990 COCONUT RD
ESTERO, FL 34135

Current Mailing Address:

9990 COCONUT RD
ESTERO, FL 34135 US

FEI Number: 26-3981055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREVOR, CALDWELL S
9990 COCONUT RD
ESTERO, FL 34135 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	Title	AUTHORIZED REPRESENTATIVE
Name	TREVOR, CALDWELL S	Name	CALDWELL, LORI A
Address	9990 COCONUT RD	Address	9990 COCONUT RD
City-State-Zip:	ESTERO FL 34135	City-State-Zip:	ESTERO FL 34135

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: TREVOR CALDWELL

OWNER

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date