2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2025
Secretary of State
5560150316CC

DOCUMENT# L09000108104

Entity Name: LANE-LENNON COMMERCIAL INSURANCE, LLC

Current Principal Place of Business:

120 S WOODLAND BLVD.
SUITE 209
DELAND, FL 32720

Current Mailing Address:

P.O. BOX 11
DELAND, FL 32721 US

FEI Number: 27-1305234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LENNON, DONNA M
120 S WOODLAND BLVD.
SUITE 209
DELAND, FL 32720 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	LENNON, ROSS W	Name	TAYLOR, BROOKE L
Address	305 RAVENSHILL WAY	Address	2474 W ORANGE ROAD
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724

Title	MANAGER
Name	LENNON, DONNA M
Address	208 THISTLEDOWN ST
City-State-Zip:	DELAND FL 32724

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: DONNA M LENNON MANAGING MEMBER 01/13/2025

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