

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000096733

Entity Name: TALMADGE COMMERCIAL INSURANCE AGENCY LLC

Current Principal Place of Business:

424 E CENTRAL BLVD
SUITE 411
ORLANDO, FL 32801

Current Mailing Address:

P O BOX 3627
ORLANDO, FL 32802 US

FEI Number: 27-3489036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALMADGE, GARY T
5455 EAST HARBOR VILLAGE DRIVE
VERO BEACH, FL 32967 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 TALMADGE, GARY T
Address 424 E CENTRAL BLVD
SUITE 411
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name TALMADGE, ELIZABETH
Address 424 E CENTRAL BLVD
SUITE 411
City-State-Zip: ORLANDO FL 32801

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: GARY THOMAS TALMADGE

TALMADGE COMMERCIAL 04/23/2025
INSURANCE AGENCY

Electronic Signature of Signing Authorized Person(s) Detail

Date