

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116707

**Entity Name:** SDC INSURANCE, LLC

**Current Principal Place of Business:**

8500 W 110TH STREET  
SUITE 260  
OVERLAND PARK, FL 66210

**Current Mailing Address:**

16119 STATE ROAD 71 SOUTH  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 46-0972367

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
16119 STATE ROAD 71 SOUTH  
BLOUNTSTOWN, FL 32424 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:** TONY B LAYNE

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LAYNE, TONY B  
Address        16119 STATE ROAD 71 SOUTH  
City-State-Zip: BLOUNTSTOWN FL 32424

*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:** TONY LAYNE

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date