

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129660

**Entity Name:** WICHERT INSURANCE SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

2268 GULF GATE DR.  
SARASOTA, FL 34231-4815

**Current Mailing Address:**

1200 GRAHAM RD  
CUYAHOGA FALLS, OH 44224 US

**FEI Number:** 38-3889750

**Certificate of Status Desired:** No

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

JESTER, JAMES  
2268 GULF GATE DR.  
SARASOTA, FL 34231-4815 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:** JAMES R. JESTER

02/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                        |
|-----------------|-------------------------|-----------------|------------------------|
| Title           | MGR                     | Title           | AMBR                   |
| Name            | WICHERT, THOMAS H       | Name            | JESTER, JAMES          |
| Address         | 1200 GRAHAM RD          | Address         | 2268 GULF GATE DR.     |
| City-State-Zip: | CUYAHOGA FALLS OH 44224 | City-State-Zip: | SARASOTA FL 34231-4815 |

*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:** THOMAS H. WICHERT

MANAGER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date