2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2021
Secretary of State
2397176040CC

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Entity Name: PRO PLAYER INSURANCE GROUP LLC

Current Principal Place of Business:

2030 W FIRST ST
SUITE C
FORT MYERS, FL 33901

Current Mailing Address:

2030 W FIRST ST
SUITE C
FORT MYERS, FL 33901 US

FEI Number: 46-1280549

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRAHAM, ALICIA
2030 W FIRST ST
STE C
FORT MYERS, FL 33901 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: EARNEST GRAHAM JR 03/30/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	GRAHAM, ALICIA	Name	WILLIAMS, EVAN
Address	2030 W FIRST ST SUITE C	Address	2030 W FIRST ST SUITE C
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901

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: ALICIA GRAHAM MANAGING MEMBER 03/30/2021

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