

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154921

**Entity Name:** FAIL SAFE ACCOUNTING LLC

**Current Principal Place of Business:**

20 S ROSE AVE  
SUITE 4  
KISSIMMEE, FL 34741

**Current Mailing Address:**

20 S ROSE AVE  
SUITE 4  
KISSIMMEE, FL 34741 US

**FEI Number:** 46-1549004

**Certificate of Status Desired:** No

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

FAIL SAFE INSURANCE LLC  
20 S ROSE AVE  
SUITE 4  
KISSIMMEE, FL 34741 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:** FARAH CRUZ

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CRUZ, FARAH  
Address        20 S ROSE AVE  
                  SUITE 4  
City-State-Zip: KISSIMMEE FL 34741

*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:** FARAH CRUZ

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date