

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023893

**Entity Name:** BRP INSURANCE II, LLC

**Current Principal Place of Business:**

4211 W. BOY SCOUT BLVD  
SUITE 800  
TAMPA, FL 33607

**Current Mailing Address:**

4211 W. BOY SCOUT BLVD  
SUITE 800  
TAMPA, FL 33607 US

**FEI Number:** 46-2052769

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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           MANAGER  
Name           BRP MEDICARE INSURANCE  
                  HOLDINGS, LLC  
Address        4211 W. BOY SCOUT BLVD  
                  SUITE 800  
City-State-Zip: TAMPA FL 33607

*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:** BRP MEDICARE INSURANCE HOLDINGS, LLC

**MANAGER,**

**03/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date