

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000077604

**Entity Name:** ANGLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

12276 SAN JOSE BLVD  
STE 707 - 8  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

450 STATE RD 13 N  
STE 106-452  
ST JOHNS, FL 32259 US

**FEI Number:** 27-2037154

**Certificate of Status Desired:** Yes

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

CAMPBELL, SHERRI R  
450 STATE RD 13 N  
STE 106-452  
ST JOHNS, FL 32259 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:** SHERRI R CAMPBELL

01/31/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER  
Name            CAMPBELL, SHERRI R  
Address        450 STATE RD 13 N  
                 SUITE 106-452  
City-State-Zip: ST JOHNS FL 32259

Title            VP, TREASURER  
Name            CAMPBELL, RICHARD F  
Address        450 STATE RD 13 N  
                 STE 106-452  
City-State-Zip: ST JOHNS FL 32259

Title            MANAGER, SECRETARY  
Name            MCMAINS, ERIKA LYN  
Address        450 STATE RD 13 N  
                 STE 106-452  
City-State-Zip: ST JOHNS FL 32259

*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:** SHERRI R CAMPBELL

**PRESIDENT**

01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date