

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061224

Entity Name: GOOD FAITH INSURANCE SERVICES - PROPERTY & CASUALTY, LLC**Current Principal Place of Business:**1463 OAKFIELD DR.
STE. 110
BRANDON, FL 33511**Current Mailing Address:**1463 OAKFIELD DRIVE
110
BRANDON, FL 33511 US**FEI Number:** 46-5390651**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTES, EDDA LEE
1463 OAKFIELD DRIVE
110
BRANDON, FL 33511 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:** EDDA LEE MONTES

03/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	MONTES, EDDA L
Address	1463 OAKFIELD DR. STE. 110
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	BAMBERRY, DAVID D
Address	1463 OAKFIELD DR. STE. 110
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	MUNOZ, LUIS M
Address	1463 OAKFIELD DR. STE. 110
City-State-Zip:	BRANDON FL 33511

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: EDDA LEE MONTES**OWNER**

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date