

**2021 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

04/06/2021

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

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date