

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087565

**FILED**  
**Feb 20, 2021**  
**Secretary of State**  
**8566645790CC**

**Entity Name:** GREEN HILL INSURANCE GROUP LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1259 MELONTREE CT  
GOTHA, FL 34734

**Current Mailing Address:**

1259 MELONTREE CT  
GOTHA, FL 34734 US

**FEI Number: 47-0990216**

**Certificate of Status Desired: No**

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

HILL, SASHENEE  
1259 MELONTREE CT  
GOTHA, FL 34734 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	AMBR	Title	AMBR
Name	HILL, SASHENEE Y,	Name	HILL, LAWFORD L.
Address	1259 MELONTREE CT	Address	1259 MELONTREE CT
City-State-Zip:	GOTHA FL 34734	City-State-Zip:	GOTHA FL 34734

*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: SASHENEE HILL

OWNER

02/20/2021

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

\_\_\_\_\_  
Date