

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136098

**Entity Name:** WS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

5728 MAJOR BLVD  
SUITE 174  
ORLANDO, FL 32819

**Current Mailing Address:**

5728 MAJOR BLVD  
SUITE 174  
ORLANDO, FL 32819 US

**FEI Number:** 47-4778970

**Certificate of Status Desired:** No

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

SAM, SANDRA  
5728 MAJOR BLVD  
SUITE 174  
ORLANDO, FL 32819 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  
Name SAM, SANDRA  
Address 5728 MAJOR BLVD  
SUITE 174  
City-State-Zip: ORLANDO FL 32819

*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:** SANDRA SAM

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date