

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000196308

Entity Name: RAMON C RAIFORD INSURANCE LLC

Current Principal Place of Business:

613 NORTH GLEN
TAMPA, FL 33609

Current Mailing Address:

396 PIEDMONT AVE NE
SUITE 5038
ATLANTA, GA 30308 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAIFORD, RAMON C
613 NORTH GLEN
TAMPA, FL 33609 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: RAMON RAIFORD

03/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RAIFORD, RAMON C
Address 613 N GLEN AVE
SUITE 1716
City-State-Zip: TAMPA FL 33609

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: RAMON C RAIFORD

OWNER

03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date