

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000002157

Entity Name: SPARKS INSURANCE AGENCY LLC

Current Principal Place of Business:

9569 SOUTHERN GARDEN CIR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

9569 SOUTHERN GARDEN CIR
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 81-4869388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPARKS, WILLIAM J
9569 SOUTHERN GARDEN CIR
ALTAMONTE SPRINGS, FL 32714 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 MGR
Name SPARKS, WILLIAM J
Address 9569 SOUTHERN GARDEN CIR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: WILLIAM J SPARKS

MGR

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date