

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000017957

**Entity Name:** FLORIDA HOME AND AUTO INSURANCE AGENCY LLC

**Current Principal Place of Business:**

105 SAN JUAN DRIVE  
ISLAMORADA, FL 33036

**Current Mailing Address:**

105 SAN JUAN DRIVE  
ISLAMORADA, FL 33036 US

**FEI Number: 81-5253642**

**Certificate of Status Desired: Yes**

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

HUGHES, MICHAEL  
105 SAN JUAN DRIVE  
ISLAMORADA, FL 33036 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            HUGHES, PETER J  
Address        145 POPLAR ROAD  
City-State-Zip: NEWTOWN SQUARE PA 19073

*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: PETER HUGHES**

**PRINCIPAL**

**02/09/2025**

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

\_\_\_\_\_  
Date