

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000050405

Entity Name: FEDPLAN ADVISORS INSURANCE AGENCY LLC

Current Principal Place of Business:

2409 BROOKSIDE AVE
KISSIMMEE, FL 34744

Current Mailing Address:

2409 BROOKSIDE AVE
KISSIMMEE, FL 34744 US

FEI Number: 82-0667314

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WAKEFIELD, MICHAEL
2409 BROOKSIDE AVE
KISSIMMEE, FL 34744 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	Title	AMBR
Name	WAKEFIELD, MICHAEL F	Name	NATIONAL LEGACY PARTNER LLC
Address	2409 BROOKSIDE AVE	Address	445 FOSSIL HILLS LOOP
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	SPRING BRANCH TX 78070

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: MICHAEL WAKEFIELD

MGR

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date