

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000050405

**Entity Name:** FEDPLAN ADVISORS INSURANCE AGENCY LLC

**Current Principal Place of Business:**

3577 PARIANA LANE  
JACKSONVILLE, FL 32222

**Current Mailing Address:**

3577 PARIANA LANE  
JACKSONVILLE, FL 32222 US

**FEI Number:** 82-0667314

**Certificate of Status Desired:** No

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

WAKEFIELD, MICHAEL  
3577 PARIANA LANE  
JACKSONVILLE, FL 32222 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	3577 PARIANA LANE	Address	445 FOSSIL HILLS LOOP
City-State-Zip:	JACKSONVILLE FL 32222	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**

**02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date