

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000027538

Entity Name: FLORIDA ALL RISK INSURANCE, LLC

Current Principal Place of Business:

5500 CENTRAL AVE
SAINT PETERSBURG, FL 33707

Current Mailing Address:

5500 CENTRAL AVE
SAINT PETERSBURG, FL 33707 US

FEI Number: 82-4749114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCATEE, CAROL CPA
5401 CENTRAL AVE
ST PETERSBURG, FL 33710 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 MILLER, JASON
Address 1317 3RD AVE W
City-State-Zip: BRADENTON FL 34205

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: JASON MILLER

MGR

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date