2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
4805899255CC

DOCUMENT# L18000233859

Entity Name: BESNARD INSURANCE LLC

Current Principal Place of Business:

4030 HENDERSON BLVD
SUITE 519
TAMPA, FL 33629

Current Mailing Address:

4030 HENDERSON BLVD
SUITE 519
TAMPA, FL 33629 US

FEI Number: 26-2190659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BESNARD HOLDINGS, INC.
4030 HENDERSON BLVD
SUITE 519
TAMPA, FL 33629 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	MANAGER
Name	BESNARD, ADAM
Address	4030 HENDERSON BLVD STE 519
City-State-Zip:	TAMPA FL 33629

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: ADAM BESNARD PRESIDENT 04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date