

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000255318

Entity Name: YOUR CHOICE INSURANCE LLC

Current Principal Place of Business:

303 NE 3RD AVE
3
CAPE CORAL, FL 33909

Current Mailing Address:

303 NE 3RD AVE
3
CAPE CORAL, FL 33909 US

FEI Number: 87-3647584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, AMBER N
303 NE 3RD AVE
3
CAPE CORAL, FL 33909 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: AMBER JACKSON

03/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name JACKSON, AMBER
Address 303 NE 3RD AVE
3
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name JACKSON, AMBER
Address 303 NE 3RD AVE
3
City-State-Zip: CAPE CORAL FL 33909

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: AMBER JACKSON

MGR

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date