

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000289158

**Entity Name:** INSUFFICIENT FUNDS, LLC

**Current Principal Place of Business:**

11841 ASHFORD LANE  
DAVIE, FL 33325

**Current Mailing Address:**

11841 ASHFORD LANE  
DAVIE, FL 33325 UN

**FEI Number:** 85-4152135

**Certificate of Status Desired:** No

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

BAISDEN, ALEXANDER  
400 N PINE ISLAND RD  
SUITE 200  
PLANTATION, FL 33324 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 BAISDEN, VICTORIA  
Address 11841 ASHFORD LANE  
City-State-Zip: DAVIE FL 33325

*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:** VICTORIA BAISDEN

MANAGER

04/06/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date