

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000167965

**Entity Name:** THARAYIL INSURANCE LLC

**Current Principal Place of Business:**

5720 GALL BLVD, SUITE 1  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

10245 GOLDENBROOK WAY  
TAMPA, FL 33647 US

**FEI Number:** 84-2581529

**Certificate of Status Desired:** No

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

THARAYIL, LOU A  
5720 GALL BLVD, SUITE 1  
ZEPHYRHILLS, FL 33542 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 THARAYIL, LOU A  
Address 5720 GALL BLVD, SUITE 1  
City-State-Zip: ZEPHYRHILLS FL 33542

*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:** LOU THARAYIL

MGR

01/02/2025

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

\_\_\_\_\_  
Date