

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000283748

Entity Name: MEINKE INSURANCE GROUP LLC

Current Principal Place of Business:

4230 TATUM LOOP
ODESSA, FL 33556

Current Mailing Address:

4230 TATUM LOOP
ODESSA, FL 33556 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, RICHARD A
400 N ASHLEY DRIVE
SUITE 2600
TAMPA, FL 33602 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: RICHARD A HARRISON

02/11/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, AMBR
Name MEINKE, DAVID
Address 4230 TATUM LOOP
City-State-Zip: ODESSA FL 33556

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: DAVID MEINKE

MANAGER

02/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date