

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000085617

Entity Name: BREAKWATER INSURANCE, LLC

Current Principal Place of Business:

101 N US1
STE 216
FORT PIERCE, FL 34950

Current Mailing Address:

101 N US1
STE 216
FORT PIERCE, FL 34950 US

FEI Number: 84-5173914

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KRAAZ, HANS II
101 N US1
STE 216
FORT PIERCE, FL 34950 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 KRAAZ, HANS II
Address 101 N US1
STE 216
City-State-Zip: FORT PIERCE FL 34950

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: HANS E KRAAZ II

OWNER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date