

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000147758

Entity Name: VALLEY INSURANCE SERVICES OF FLORIDA, LLC**Current Principal Place of Business:**1823 CENTRE POINTE CIRCLE
SUITE 101
NAPERVILLE, IL 60563**Current Mailing Address:**3016 S RIO GRANDE AVE APT A
ORLANDO , FL 32805-6358 US**FEI Number:** 81-0558611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:** STEPHEN WARNER

10/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	OWNER
Name	BARNES, SHANESA	Name	ZETTERHOLM, DEQUANTE MALIK
Address	452 RHETT'S LOOP	Address	3016 S RIO GRANDE AVE APT A
City-State-Zip:	PANAMA CITY FL 32404	City-State-Zip:	ORLANDO FL 32805-6358

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: DEQUANTE ZETTERHOLM

MGR

10/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date