

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000177439

**Entity Name:** OAK HILL INSURANCE LLC

**Current Principal Place of Business:**

5320 NW 35TH AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5320 NW 35TH AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 85-3937791

**Certificate of Status Desired:** No

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

ZETH, JAMES  
5320 NW 35TH AVE  
SUITE 200  
FT. LAUDERDALE, FL 33309 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 ZETH, JAMES  
Address 5320 NW 35TH AVE  
SUITE 200  
City-State-Zip: FT. LAUDERDALE FL 33309

*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:** JAMES ZETH

MGR

03/15/2023

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

\_\_\_\_\_  
Date