

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000233648

**Entity Name:** KEN AND PHYL INSURANCE LLC

**Current Principal Place of Business:**

6861 RICHARDSON RD  
JACKSONVILLE FLORIDA, AL 32209

**Current Mailing Address:**

6861 RICHARDSON RD  
JACKSONVILLE FLORIDA, AL 32209 US

**FEI Number:** 47-3013225

**Certificate of Status Desired:** No

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

GOODMAN, KENNETH G SR  
6861 RICHARDSON RD  
JACKSONVILLE, FL 32209 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 GOODMAN, KENNETH G SR  
Address 6861 RICHARDSON RD  
City-State-Zip: JACKSONVILLE FL 32209

Title MGR  
Name GOODMAN, PHYLLIS S  
Address 6861 RICHARDSON RD  
City-State-Zip: JACKSONVILLE FL 32209

*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:** KENNETH G GOODMAN SR

MGR

04/01/2025

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

\_\_\_\_\_  
Date