

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000252740

Entity Name: FLORIDA HOMETOWN INSURANCE LLC

Current Principal Place of Business:

901 SW MARTIN DOWNS BLVD
SUITE 200D
PALM CITY, FL 34990

Current Mailing Address:

4928 SW MOORE ST
PALM CITY, FL 34990 US

FEI Number: 85-2730658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOPER, TRICIA
4928 SW MOORE ST
PALM CITY, FL 34990 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 COOPER, TRICIA
Address 4928 SW MOORE ST
City-State-Zip: PALM CITY FL 34990

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: TRICIA COOPER

MANAGER

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date