

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000289893

Entity Name: INSURANCE PARTNERS OF FLORIDA LLC

Current Principal Place of Business:

8201 PETERS RD
SUITE 1000
PLANTATION, FL 33324

Current Mailing Address:

3840 E. LAKE ESTATES DR
DAVIE, FL 33328 US

FEI Number: 85-4202068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELFMAN, DAVID
3840 E. LAKE ESTATES DR
DAVIE, FL 33328 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: DAVID HELFMAN

03/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HELFMAN, DAVID
Address 3840 E. LAKE ESTATES DR
City-State-Zip: DAVIE FL 33328

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: DAVID HELFMAN

OWNER

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date