

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000088960

Entity Name: HAYWARD & VEGA INSURANCE, LLC

Current Principal Place of Business:

929 N SPRING GARDEN AVE.
115
DELAND, FL 32720

Current Mailing Address:

929 N SPRING GARDEN AVE.
115
DELAND, FL 32720

FEI Number: 86-2535347

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VEGA, MARIA A
1001 DELTONA BLVD
DELTONA, FL 32725 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	Title	MGR
Name	HAYWARD, EBONY A	Name	VEGA, MARIA A
Address	1525 MONROE STREET	Address	1001 DELTONA BLVD
City-State-Zip:	DELAND FL 32720	City-State-Zip:	DELTONA FL 32725

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: EBONY HAYWARD

MGR

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date