

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000141919

Entity Name: FCF INSURANCE LLC

Current Principal Place of Business:

1913 W DR MARTIN LUTHER KING BLVD
TAMPA, FL 33607

Current Mailing Address:

1913 W DR MARTIN LUTHER KING BLVD
TAMPA, FL 33607 US

FEI Number: 86-3102411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ HERNANDEZ, LUIS R
1913 W DR MARTIN LUTHER KING BLVD
TAMPA, FL 33607 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 AMBR
Name MARTINEZ HERNANDEZ, LUIS R
Address 22836 SILLS LOOP
City-State-Zip: LAND O' LAKES FL 34639

Title AMBR
Name CUELLAR, NAYLAN
Address 12725 BARRETT DR
City-State-Zip: TAMPA FL 33624

Title AMBR
Name FUENMAYOR, MARY I
Address 22836 SILLS LOOP
City-State-Zip: LAND O' LAKES FL 34639

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: LUIS R MARTINEZ HERNANDEZ

AMBR

03/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date