## 2023 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

FILED Apr 28, 2023

**Secretary of State** 

9524141437CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

NameMARTINEZ HERNANDEZ, LUIS RNameCUELLAR, NAYLANAddress22836 SILLS LOOPAddress12725 BARRETT DRCity-State-Zip:LAND O' LAKES FL 34639City-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: NAYLAN CUELLAR

Electronic Signature of Signing Authorized Person(s) Detail

**AMBR** 

04/28/2023