

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000168950

**Entity Name:** THE INSURANCE CREW LLC

**Current Principal Place of Business:**

405 US HWY 27  
BRANFORD, FL 32008

**Current Mailing Address:**

405 US HWY 27  
BRANFORD, FL 32008 US

**FEI Number:** 86-2816978

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SECOY, JOLANDA  
405 US HWY 27  
BRANFORD, FL 32008 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:** JOLANDA SECOY

09/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SECOY, JOLANDA  
Address 256 SE PEARL TERRACE  
City-State-Zip: LAKE CITY FL 32025

*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:** JOLANDA SECOY

09/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date