## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000327963

Entity Name: PRASIDIO INSURANCE

**Current Principal Place of Business:** 

511 HAMES AVE. ORLANDO, FL 32805

**Current Mailing Address:** 

630 EAST LIVINGSTON STREET ORLANDO, FL 32803 US

FEI Number: 87-1768030 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDLANSKY, JOSHUA S 3837 NW BOCA RATON BOULEVARD 200 BOCA RATON, FL 33431 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 Jan 23, 2023

**Secretary of State** 

2014314678CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameLEVINE, BRADLEY WNameHAGGERTY, MAUREENAddress632 E LIVINGSTON STREETAddress511 HAMES AVENUECity-State-Zip:ORLANDO FL 32803City-State-Zip:ORLANDO FL 32805

Title MGR

Name SIMS, ERIN

Address 511 HAMES AVENUE
City-State-Zip: ORLANDO FL 32805

SIGNATURE: BRADLEY LEVINE

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.

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

01/23/2023

Date