### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000358358

Entity Name: FAMILY PROTECTION INSURANCE, LLC

**FILED** May 01, 2023 **Secretary of State** 1898235909CC

## **Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD SUITE 518 HALLANDALE BEACH, FL 33009

# **Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD **SUITE 518** HALLANDALE BEACH, FL 33009

FEI Number: 87-2472806 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MATSUMOTO, STEPHEN K 1835 E HALLANDALE BEACH BLVD SUITE 518 HALLANDALE BEACH, FL 33009 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

MATSUMOTO, STEPHEN K Name Name AMOEDO, ISIS

1835 E HALLANDALE BEACH BLVD 1835 E HALLANDALE BEACH BLVD Address Address 518

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

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.