

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000377931

Entity Name: SMF INSURANCE, LLC

Current Principal Place of Business:

526 NE 8TH ST
APT 2-1507
FORT LAUDERDALE, FL 33304

Current Mailing Address:

526 NE 8TH ST
APT 2-1507
FORT LAUDERDALE, FL 33304 US

FEI Number: 87-2379886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREEDMAN, SAMANTHA M
526 NE 8TH ST
APT 2-1507
FORT LAUDERDALE, FL 33304 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 FREEDMAN, SAMANTHA M
Address 526 NE 8TH ST
 APT 2-1507
City-State-Zip: FORT LAUDERDALE FL 33304

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: SAMANTHA FREEDMAN

OWNER

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date