

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000424683

**Entity Name:** ANGELINA GODFREY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

916 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

916 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429 UN

**FEI Number: 87-2864910**

**Certificate of Status Desired: No**

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

GODFREY, ANGELINA  
7080 WEST WILDFIRE LANE  
HOMOSASSA, FL 34448 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  
Name GODFREY, ANGELINA  
Address 7080 WEST WILDFIRE LANE  
City-State-Zip: HOMOSASSA FL 34448

Title MGR  
Name BLAND, RONALD  
Address 7080 WEST WILDFIRE LANE  
City-State-Zip: HOMOSASSA FL 34448

*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: ANGELINA GODFREY**

**OWNER**

**01/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date