

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000489924

**Entity Name:** OATS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

11929 FROST ASTER DR  
RIVERVIEW, FL 33579

**Current Mailing Address:**

11929 FROST ASTER DR  
RIVERVIEW, FL 33579

**FEI Number:** 87-3658773

**Certificate of Status Desired:** No

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

OATS, RON A  
1211 TECH BLVD  
SUITE 160  
TAMPA, FL 33619 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                       |
| Name            | OATS, RONNIE A       | Name            | OATS, RON A               |
| Address         | 11929 FROST ASTER DR | Address         | 6703 MERRICK LANDING BLVD |
| City-State-Zip: | RIVERVIEW FL 33579   | City-State-Zip: | WINDERMERE FL 34786       |

*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:** RONNIE OATS

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date