

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000263307

**Entity Name:** 2 M'S INSURANCE LLC

**Current Principal Place of Business:**

712 U.S. HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

712 U.S. HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH, FL 33408

**FEI Number:** 88-3044897

**Certificate of Status Desired:** No

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

WE INSURE YOUR FUTURE INC  
1523 E HILLSBORO BLVD  
835  
DEERFIELD BEACH, FL 33441 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 WE INSURE YOUR FUTURE INC  
Address 1523 E HILLSBORO BLVD, 835  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** MATTHEW A FOX

GM

02/07/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date