

**2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000312684

**Entity Name:** WHITE CHIP INSURANCE LLC

**Current Principal Place of Business:**

1270 E HILLSBOROUGH AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

1270 E HILLSBOROUGH AVENUE  
TAMPA, FL 33604 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JOHNSON, BYRON  
12421 N FLORIDA AVE  
SUITE 215  
TAMPA, FL 33612 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:** BYRON JOHNSON

10/02/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, BYRON  
Address 12421 N FLORIDA AVE SUITE 215  
City-State-Zip: TAMPA FL 33612

*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:** BYRON JOHNSON

**OWNER**

10/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date