

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000330781

Entity Name: ACCUSURE INSURANCE GROUP, LLC

Current Principal Place of Business:

3339 216TH STREET
LAKE CITY, FL 32024

Current Mailing Address:

250 NW MAIN BLVD
#591
LAKE CITY, FL 32056 US

FEI Number: 88-2949199

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOSSERMAN, ADAIR S
3339 216TH ST
LAKE CITY, FL 32024 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 PRESIDENT
Name BOSSERMAN, ADAIR S
Address 3339 216TH ST
City-State-Zip: LAKE CITY FL 32024

Title VP
Name BOSSERMAN, JORDAN
Address 3339 216TH STREET
City-State-Zip: LAKE CITY FL 32024

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: JORDAN BOSSERMAN

VP

03/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date