

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000475061

Entity Name: MAXIMAL INSURANCE COMPANY LLC

Current Principal Place of Business:

7901 4TH STREET N
STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH STREET N
STE 300
ST. PETERSBURG, FL 33702

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAVRE, BILL
7901 4TH STREET N
ST. PETERSBURG, FL 33702 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 MAXIMAL ADVANTAGE GROUP
Address 7901 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33702

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: UNDEFINED UNDEFINED

MANAGER

03/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date