

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000000290

**Entity Name:** ISLAND INSURANCE LIFE & HEALTH LLC

**Current Principal Place of Business:**

870 N MIRAMAR AVE 314  
INDIALANTIC, FL 32903

**Current Mailing Address:**

870 N MIRAMAR AVE 314  
INDIALANTIC, FL 32903 US

**FEI Number:** 99-0540983

**Certificate of Status Desired:** Yes

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

DESCHENES, RYAN  
870 N MIRAMAR AVE 314  
INDIALANTIC, FL 32903 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:** RYAN DESCHENES

01/06/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DESCHENES, ELIZABETH  
Address 870 N MIRAMAR AVE 314  
City-State-Zip: INDIALANTIC FL 32903

Title AMBR  
Name DESCHENES, RYAN  
Address 870 N MIRAMAR AVE 314  
City-State-Zip: INDIALANTIC FL 32903

*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:** ELIZABETH DESCHENES

AMBR

01/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date