

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000228995

**Entity Name:** ELDRIDGE INSURANCE GROUP LLC

**Current Principal Place of Business:**

1506 MAPLE STREET  
VENICE, FL 34275

**Current Mailing Address:**

1506 MAPLE STREET  
VENICE, FL 34275 US

**FEI Number:** 99-2764104

**Certificate of Status Desired:** No

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

ELDRIDGE, KEVIN RAY  
1506 MAPLE STREET  
NOKOMIS, FL 34275 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	MMBR	Title	AMBR
Name	ELDRIDGE, KEVIN RAY	Name	ELDRIDGE, DANA L
Address	1506 MAPLE STREET	Address	1506 MAPLE STREET
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275

*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:** KEVIN RAY ELDRIDGE

**OWNER**

**07/22/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date