

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000317062

**Entity Name:** FIRST FLORIDA INSURANCE LLC

**Current Principal Place of Business:**

90 FORT WADE RD.  
SUITE 100  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

90 FORT WADE RD.  
SUITE 100  
PONTE VEDRA, FL 32081 US

**FEI Number:** 33-2211761

**Certificate of Status Desired:** No

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

CLOSTERIDES, JOHN N  
250 SKYWOOD TRL  
PONTE VEDRA, FL 32081 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 CLOSTERIDES, JOHN N  
Address 250 SKYWOOD TRL  
City-State-Zip: PONTE VEDRA FL 32081

Title AUTHORIZED MEMBER  
Name BERNARDONE, MARIO  
Address 14421 LAKE JESSUP DR  
City-State-Zip: JACKSONVILLE FL 32258

*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:** JOHN CLOSTERIDES

**MGR**

**02/20/2025**

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

\_\_\_\_\_  
Date