

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000325266

Entity Name: BURRY INSURANCE GROUP, LLC

Current Principal Place of Business:

123 ORANGE AVE.
LEESBURG, FL 34748

Current Mailing Address:

123 ORANGE AVE.
LEESBURG, FL 34748

FEI Number: 99-4219061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D
1330 CITIZENS BLVD.
SUITE 404
LEESBURG, FL 34748 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 BURRY, JAMES A III
Address 123 ORANGE AVE.
City-State-Zip: LEESBURG FL 34748

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: JAMES A BURRY III

MANAGER

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date