

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000332938

**Entity Name:** THORN INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

204 9TH ST S  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

204 9TH ST S  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 99-4323675

**Certificate of Status Desired:** Yes

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

THORN, FISHER M  
204 9TH ST S  
JACKSONVILLE BEACH, FL 32250 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            AMBR  
Name            THORN, FISHER M  
Address        204 9TH ST S  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** FISHER MELTON THORN

**OWNER**

**05/01/2025**

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

\_\_\_\_\_  
Date