

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000421363

Entity Name: 123 INSURANCE GROUP LLC

Current Principal Place of Business:

4233 W. HILLSBORO BLVD
SUITE 970092
COCONUT CREEK, FL 33097

Current Mailing Address:

7548 S US HIGHWAY 1
SUITE 207
PORT SAINT LUCIE, FL 34952 US

FEI Number: 33-1353597

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MYERS, ANN
7434 S US HIGHWAY 1
PORT ST LUCIE, FL 34952 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: ANN MYERS

01/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ANDREWS, NICHOLUS P	Name	POMAREDA, ALEJANDRO
Address	4233 W. HILLSBORO BLVD SUITE 970092	Address	4233 W. HILLSBORO BLVD SUITE 970092
City-State-Zip:	COCONUT CREEK FL 33097	City-State-Zip:	COCONUT CREEK FL 33097

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: NICHOLUS ANDREWS

MGR

01/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date