

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000452781

Entity Name: CARTER'S INSURANCE LLC

Current Principal Place of Business:

11232 BOYETTE RD
#1060
RIVERVIEW, FL 33569

Current Mailing Address:

11232 BOYETTE RD.
#1060
RIVERVIEW, FL 33569

FEI Number: 99-5058641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER, MARCUS A
11232 BOYETTE RD.
#1060
RIVERVIEW, FL 33569 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 CARTER, MARCUS A
Address 7509 NORTHERN LIGHTS RD
City-State-Zip: GIBSONTON FL 33534

Title MGR
Name RICE-CARTER, TIFFANY V
Address 7509 NORTHERN LIGHTS DR
City-State-Zip: GIBSONTON FL 33534

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: MARCUS CARTER

CEO

02/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date