

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000471330

**Entity Name:** COMPRO TAX AND INSURANCE LLC

**Current Principal Place of Business:**

10950 EAGLE VILLAGE DRIVE  
STE 320  
FORT MYERS, FL 33913

**Current Mailing Address:**

10950 EAGLE VILLAGE DRIVE  
STE 320  
FORT MYERS, FL 33913 US

**FEI Number:** 46-0803015

**Certificate of Status Desired:** No

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

FOLEY, LYNN N  
25775 OLD GASLIGHT DR  
BONITA SPRINGS, FL 34135 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 FOLEY, LYNN N  
Address 25774 OLD GASLIGHT DR  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** LYNN FOLEY

MGR

02/06/2025

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

\_\_\_\_\_  
Date