2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2025
Secretary of State
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Entity Name: MULTISURANCE LLC

Current Principal Place of Business:

6305 ELYSIAN FIELDS AVE STE 405
NEW ORLEANS, LA 70122

Current Mailing Address:

6305 ELYSIAN FIELDS AVE STE 405
NEW ORLEANS, LA 70122 US

FEI Number: 87-4347053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, KEVIN
545 BRENT LN
PENSACOLA, FL 32503 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	MBR
Name	THOMAS, KEVIN
Address	6305 ELYSIAN FIELDS AVE STE 405
City-State-Zip:	NEW ORLEANS LA 70122

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: KEVIN THOMAS OWNER 07/23/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date