

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000210947

Entity Name: WARFORD INSURANCE ENTERPRISES, LLC

Current Principal Place of Business:

1285 W 30TH ST
JACKSONVILLE, FL 32209

Current Mailing Address:

1285 W 30TH ST
JACKSONVILLE, FL 32209 US

FEI Number: 20-8461568

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASTON, EDWARD
1040 EMILYS WALK LANE EAST
JACKSONVILLE,, FL 32221 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 WARFORD, BOBBI R DR.
Address 1285 W 30TH ST
City-State-Zip: JACKSONVILLE FL 32209

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: BOBBI R. WARFORD

OWNER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date