

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106964

**Entity Name:** THE FAILLE AGENCY, LLC

**Current Principal Place of Business:**

917 HOSPITAL DR  
NICEVILLE, FL 32578

**Current Mailing Address:**

917 HOSPITAL DR  
NICEVILLE, FL 32578 US

**FEI Number:** 20-5830748

**Certificate of Status Desired:** No

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

FAILLE, FRANCES A  
917 HOSPITAL DR  
NICEVILLE, FL 32578 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:** FRANCES A FAILLE

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FAILLE, CHRISTOPHER R  
Address 917 HOSPITAL DR  
City-State-Zip: NICEVILLE FL 32578

Title MGMR  
Name FAILLE, FRANCES A  
Address 917 HOSPITAL DR  
City-State-Zip: NICEVILLE FL 32578

*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:** FRANCES A FAILLE

MGMR

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date