

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000017026

**Entity Name:** ANCLOTE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

536 E TARPON AVENUE  
SUITE 1B  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

536 E TARPON AVENUE  
SUITE 1B  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 26-3493682

**Certificate of Status Desired:** No

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

JENNESS, MICHAEL  
536 E TARPON AVENUE - STE. 1B  
TARPON SPRINGS, FL 34689 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 MGRM  
Name JENNESS, MICHAEL  
Address 536 TARPON AVE - STE. 1B  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name ROBINSON, TRACY  
Address 536 TARPON AVE - STE. 1B  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGR  
Name PETERSON, BARBARA  
Address 536 TARPON AVE - STE. 1B  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** TRACY LEN ROBINSON

MGRM

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date