## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042667

Entity Name: JECI2 INSURANCE SOLUTIONS, LLC

#### **Current Principal Place of Business:**

2430 SE FEDERAL HWY STUART, FL 34994

## **Current Mailing Address:**

2430 SE FEDERAL HWY STUART, FL 34994 US

## FEI Number: 27-2331158

### Name and Address of Current Registered Agent:

SMITH, CORINA P 1806 SE OCEAN COVE WAY STUART, FL 34996 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

### Authorized Person(s) Detail :

Title	OTHER	Title	MGRM
Name	JECI2 INS SOLUTIONS	Name	SMITH, CORINA P
Address	2430 SE FEDERAL HWY	Address	1806 SE OCEAN COVE WAY
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34996

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: CORINA P SMITH

MGRM

04/01/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 01, 2024 Secretary of State 7370458731CC

Certificate of Status Desired: No

Date