

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066495

**Entity Name:** KEYES INSURANCE LLC

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
SUITE 560  
PALMETTO BAY , FL 33157

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
SUITE 560  
PALMETTO BAY, FL 33157 US

**FEI Number:** 27-2904580

**Certificate of Status Desired:** No

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

ISRAEL, ISRAEL & ASSOCIATES, P.A.  
6099 STIRLING ROAD  
SUITE 211  
DAVIE, FL 33314 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:** DAVID ISRAEL

01/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GALLAGHER PROPERTY AND  
CASUALTY, LLC  
Address 18001 OLD CUTLER ROAD  
SUITE 560  
City-State-Zip: PALMETTO BAY FL 33157

Title MGRM  
Name KFINS, LLC  
Address 2121 SW THIRD AVENUE SUITE 601  
City-State-Zip: MIAMI FL 33129-1458

*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:** LUIS MENESES

**CHIEF ACCOUNTING  
OFFICER**

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date