

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093752

**Entity Name:** SENTINEL INSURANCE GROUP, LLC

**Current Principal Place of Business:**

21599 HALSTEAD DRIVE  
BOCA RATON, FL 33428

**Current Mailing Address:**

21599 HALSTEAD DRIVE  
BOCA RATON, FL 33428 US

**FEI Number:** 27-3322919

**Certificate of Status Desired:** No

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

SAMUELS, PATRICIA  
21599 HALSTEAD DRIVE  
BOCA RATON, FL 33428 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:** PATRICIA SAMUELS

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SAMUELS, PATRICIA  
Address 2295 NW CORPORATE BLVD  
STE 125  
City-State-Zip: BOCA RATON FL 33431

*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:** PATRICIA SAMUELS

OWNER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date