# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000114404

Entity Name: VEN INSURANCE PARTNERS LLC

# **Current Principal Place of Business:**

1900 GLADES RD SUITE 353 BOCA RATON, FL 33431

# **Current Mailing Address:**

1900 GLADES RD SUITE 353 BOCA RATON, FL 33431 US

# FEI Number: 27-3903308

# Name and Address of Current Registered Agent:

KNOTSCHKE, HENRIQUE 1900 GLADES RD SUITE 353 BOCA RATON, FL 33431 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	MGRM	Title	MGRM
	Name	KNOTSCHKE, HENRIQUE LMR.	Name	MASSIANI, GUSTAVO
	Address	1900 GLADES RD SUITE 353	Address	1900 GLADES RD SUITE 353
	City-State-Zip:	BOCA RATON FL 33431		
			City-State-Zip:	BOCA RATON FL 33431
	Title	MGRM	Title Name	MGRM
	Name	SCHNAPP. ROBERTO		
				CARPIO, ANDREINA
	Address	1900 GLADES RD SUITE 353	Address	1900 GLADES RD SUITE 353
	City-State-Zip:	BOCA RATON FL 33431		
			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.

DIRECTOR

# SIGNATURE: HENRIQUE KNOTSCHKE

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 25, 2022 Secretary of State 3355181697CC

Certificate of Status Desired: Yes

Date