

**2023 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

**Certificate of Status Desired:** Yes

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KNOTSCHKE, HENRIQUE LMR.  
Address 1900 GLADES RD SUITE 353  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name MASSIANI, GUSTAVO  
Address 1900 GLADES RD  
SUITE 353  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name SCHNAPP, ROBERTO  
Address 1900 GLADES RD  
SUITE 353  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name CARPIO, ANDREINA  
Address 1900 GLADES RD  
SUITE 353  
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:** HENRIQUE KNOTSCHKE

**DIRECTOR**

**01/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date