

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000043415

**Entity Name:** ROISS INSURANCE AGENCY, PLLC

**Current Principal Place of Business:**

555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751

**Current Mailing Address:**

555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751 US

**FEI Number:** 81-1722821

**Certificate of Status Desired:** No

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

ROISS, ABRAHAM JACKSON  
555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751 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:** ABRAHAM ROISS

03/17/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AGENCY PRINCIPAL  
Name ROISS, ABRAHAM JACKSON  
Address 555 WINDERLEY PLACE  
SUITE 300  
City-State-Zip: MAITLAND FL 32751

*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:** ABRAHAM J ROISS

AGENCY PRINCIPAL

03/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date