

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000176508

**Entity Name:** CHATEAU INSURANCE GROUP LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD  
SUITE 403  
AVENTURA, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD  
SUITE 403  
AVENTURA, FL 33180 US

**FEI Number:** 81-3953915

**Certificate of Status Desired:** No

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

BARAHONA BONILLA, MARILYN C  
20801 BISCAYNE BLVD  
SUITE 403  
AVENTURA, FL 33180 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 MGR  
Name BARAHONA BONILLA, MARILYN C  
Address 20801 BISCAYNE BLVD SUITE 403  
City-State-Zip: AVENTURA FL 33180

*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:** BARAHONA BONILLA, MARILYN C

**MANAGER**

**01/24/2024**

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

\_\_\_\_\_  
Date