

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000222255

Entity Name: CICHRA INSURANCE AGENCY, LLC

Current Principal Place of Business:

721 EAGLE POINT DR
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

2220 CR210 W
SUITE 108, PMB 321
JACKSONVILLE, FL 32259 US

FEI Number: 81-5280790

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CICHRA, ROBERT
721 EAGLE POINT DR
SAINT AUGUSTINE, FL 32092 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: ROBERT CICHRA

03/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT

Title MANAGER

Name CICHRA, ROBERT

Name CICHRA, MICHELLE

Address 721 EAGLE POINT DR

Address 721 EAGLE POINT DR

City-State-Zip: SAINT AUGUSTINE FL 32092

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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: ROBERT J CICHRA

OWNER

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date