**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 29, 2024**
**Secretary of State**
**1139869735CC**

DOCUMENT# L18000247735

**Entity Name:** STEPHANIE VELEZ AGENCY, LLC

**Current Principal Place of Business:**

921 SEMORAN BLVD
CASSELBERRY, FL 32707

**Current Mailing Address:**

921 SEMORAN BLVD
CASSELBERRY, FL 32707 US

**FEI Number: 83-2385064**

**Certificate of Status Desired:** No

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

VELEZ, STEPHANIE
921 SEMORAN BLVD
CASSELBERRY, FL 32707 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 | PRES | Title | MGR |
| Name | VELEZ, STEPHANIE | Name | VELEZ, JUAN G |
| Address | 921 SEMORAN BLVD | Address | 921 SEMORAN BLVD |
| City-State-Zip: | CASSELBERRY FL 32707 | City-State-Zip: | CASSELBERRY FL 32707 |

*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: STEPHANIE VELEZ PRES 01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date