

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000015931

Entity Name: ASSURE ALL INSURANCE LLC

Current Principal Place of Business:

614 BROOKWOOD LN
MAITLAND, FL 32751

Current Mailing Address:

614 BROOKWOOD LN
MAITLAND, FL 32751 US

FEI Number: 83-3210897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEIBOWITZ, ASHLEY S
351 E STATE RD434
WINTER SPRINGS, FL 32708 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 CEO
Name LEIBOWITZ, ASHLEY S
Address 614 BROOKWOOD LN
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: ASHLEY LEIBOWITZ

CEO

03/06/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date