

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000119753

**Entity Name:** BEHNKE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

5406 MCKINLEY STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

5406 MCKINLEY STREET  
HOLLYWOOD, FL 33021

**FEI Number: 84-1864729**

**Certificate of Status Desired:** No

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

MCCARTHY BULMAN, MAURA  
1779 N UNIVERSITY DRIVE  
SUITE 202  
HOLLYWOOD, FL 33024 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            AMBR  
Name            BEHNKE, FRED  
Address        5406 MCKINLEY STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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:** FRED BEHNKE

AMBR

04/30/2024

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

\_\_\_\_\_ Date