

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000170141

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

**Current Principal Place of Business:**

2215 NW 63RD AVE  
MARGATE, FL 33063

**Current Mailing Address:**

2215 NW 63RD AVE  
MARGATE, FL 33063 US

**FEI Number:** 84-2125482

**Certificate of Status Desired:** No

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

DECIUS, WILKENS  
2215 NW 63RD AVE  
MARGATE, FL 33063 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 DECIUS, WILKENS  
Address 2215 NW 63RD AVE  
City-State-Zip: MARGATE FL 33063

Title MANAGER, CEO  
Name BAPTISTE, LOUINA  
Address 6201 NW 26TH CT  
City-State-Zip: SUNRISE FL 33313

*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:** WILKENS DECIUS

**OWNER**

**02/03/2024**

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

\_\_\_\_\_  
Date