2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2025
Secretary of State
7871083132CC

DOCUMENT# L20000000818

Entity Name: ALLEGIANCE INSURANCE FLORIDA, LLC

Current Principal Place of Business:

8951 BONITA BEACH RD. SE
#104 STE 525
BONITA SPRINGS, FL 34135

Current Mailing Address:

425 JOLIET ST.
STE 309
DYER, IN 46311 US

FEI Number: 84-4255062

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PETROCELLI, NICHOLAS W
Address	19025 RUTH DR.
City-State-Zip:	MOKENA IL 60448

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: NICHOLAS PETROCELLI MGR 02/05/2025

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