

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000043748

Entity Name: AGENTS ASSOCIATES INSURANCE LLC**Current Principal Place of Business:**10555 EASTPARK LAKE DR
ORLANDO, FL 32832**Current Mailing Address:**10555 EASTPARK LAKE DR
ORLANDO, FL 32832**FEI Number:** 84-4781976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VASQUEZ, FRANCIS A
10555 EASTPARK LAKE DR
ORLANDO, FL 32832 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:** FRANCIS VASQUEZ

04/04/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	RAMOS, ANA E
Address	10555 EASTPARK LAKE DR
City-State-Zip:	ORLANDO FL 32832

Title	MANAGER
Name	VASQUEZ, FRANCIS A
Address	10555 EASTPARK LAKE DRIVE
City-State-Zip:	ORLANDO FL 32832

Title	MANAGER
Name	MATOS, EMILY MARIE
Address	4929 FELS COVE AVE
City-State-Zip:	KISSIMMEE FL 34744

Title	MANAGER
Name	VILLOTA, HENRY ALBERTO
Address	12211 PASHA LN
City-State-Zip:	ORLANDO FL 32827

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: FRANCIS A VASQUEZ

MANAGER

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date