

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000069404

**Entity Name:** EZZI INSURANCE ADVISORS, L.L.C.

**Current Principal Place of Business:**

1777 TAMIAMI TRAIL UNIT 404  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

1777 TAMIAMI TRAIL UNIT 404  
PORT CHARLOTTE, FL 33948 US

**FEI Number: 84-5044981**

**Certificate of Status Desired: No**

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

EZZI, TYLER J  
135 BARRE ST  
PORT CHARLOTTE, FL 33952 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 EZZI, TYLER J  
Address 1777 TAMIAMI TRAIL UNIT 404  
City-State-Zip: PORT CHARLOTTE FL 33948

*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: TYLER J. EZZI**

**PRES**

**04/13/2023**

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

\_\_\_\_\_  
Date