## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000267795

Entity Name: DECA INSURANCE LLC

itity Name. DECA INSUNANCE ELO

**Current Principal Place of Business:** 

6965 PIAZZA GRANDE AVE STE 407 ORLANDO, FL 32835

**Current Mailing Address:** 

6965 PIAZZA GRANDE AVE STE 407 ORLANDO, FL 32835 US

FEI Number: 85-2938654 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CONNECTION CONSULTING LLC 7450 DR PHILLIPS BLVD STE 303 ORLANDO, FL 32819 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: TALITA BENDILATTI 04/11/2023

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title AMBR Title AMBR

NameMELO GONCALVES, EDUARDONameLIMA GONCALCES, MICHELY SAddress6837 POINT HANCOCK DRIVEAddress6837 POINT HANCOCK DRIVECity-State-Zip:WINTER GARDEN FL 34787City-State-Zip:WINTER GARDEN FL 34787

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.

FILED Apr 11, 2023

**Secretary of State** 

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