

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000390441

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

**Current Principal Place of Business:**

216 50TH AVE N  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

216 50TH AVE N  
SAINT PETERSBURG, FL 33703 US

**FEI Number:** 85-4344490

**Certificate of Status Desired:** No

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

WARD, JOSEPH E  
216 50TH AVE N  
ST PETERSBURG, FL 33703 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 AMBR  
Name WARD, JOSEPH E  
Address 216 50TH AVE N  
City-State-Zip: ST PETERSBURG FL 33703

Title VP  
Name SALAK, THERESA J  
Address 216 50TH AVE N  
City-State-Zip: ST PETERSBURG FL 33703

*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:** JOSEPH WARD

CEO

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date