

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000202325

Entity Name: 517 INSURANCE GROUP LLC

Current Principal Place of Business:

517 13 ST
ST CLOUD, FL 34769

Current Mailing Address:

517 13 ST
ST CLOUD, FL 34769 US

FEI Number: 86-3977386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOULANDIER, YAQUELIN
5757 COLLINS AVE
APT 1705
MIAMI BEACH, FL 33140 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 BOULANDIER, YAQUELIN
Address 5757 COLLINS AVE, APT 1705
City-State-Zip: MIAMI BEACH FL 33140

Title AUTHORIZED MEMBER
Name SARABIA, MELANIE
Address 5757 COLLINS AVE
1705
City-State-Zip: MIAMI BEACH FL 33140

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: YAQUELIN BOULANDIER

AMBR

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date