

**2022 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  
5701 COLLINS AVE  
APT 717  
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        5701 COLLINS AVE, APT 717  
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

**PRESIDENT**

**03/10/2022**

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

\_\_\_\_\_  
Date