

2023 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

01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date