

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000243655

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

**Current Principal Place of Business:**

1949 W CR 419 CHULUTOA RD STE 1251  
OVIEDO, FL 32766

**Current Mailing Address:**

1949 W CR 419 CHULUTOA RD STE 1251  
OVIEDO, FL 32766 US

**FEI Number: 86-3962360**

**Certificate of Status Desired: No**

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

KERBELIS, GINA  
1613 WOODCHUCK CT  
WINTER SPRINGS, FL 32708 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 MGR  
Name KERBELIS, MICHAEL  
Address 1949 W CR 419 CHULUTOA RD STE  
1251  
City-State-Zip: OVIEDO FL 32766

Title MGR  
Name KERBELIS, GINA  
Address 1613 WOODCHUCK CT  
City-State-Zip: WINTER SPRINGS FL 32708

*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: MICHAEL KERBELIS**

**OWNER**

**04/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date