

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000381828

**Entity Name:** ULE A BETTER CHOICE INSURANCE LLC

**Current Principal Place of Business:**

5720 NW N MACEDO BLVD  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

5720 NW N MACEDO BLVD  
PORT ST LUCIE, FL 34983

**FEI Number:** 87-2392722

**Certificate of Status Desired:** No

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

IUELLE, GREGORY  
5720 NW N MACEDO BLVD  
PORT ST LUCIE, FL 34983 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 PRES  
Name IUELLE, GREGORY  
Address 5720 NW N MACEDO BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** GREGORY IUELLE

**PRESIDENT**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date