## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000385827

**Entity Name: ASSURANCE ENTERPRISE LLC** 

**Current Principal Place of Business:** 

1790 HIGHWAY A1A SUITE 209, UNIT #1020 SATELLITE BEACH, FL 32937

## **Current Mailing Address:**

1790 HIGHWAY A1A SUITE 209, UNIT #1020 SATELLITE BEACH, FL 32937

FEI Number: 87-2412646 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TURNER, COURTNEY Z 2090 BRIDGEPORT CIR ROCKLEDGE, FL 32955 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

FILED Apr 12, 2022

**Secretary of State** 

5370698343CC

## Authorized Person(s) Detail:

Title CEO

Name TURNER, COURTNEY Z
Address 1790 HIGHWAY A1A

SUITE 209, UNIT #1020

City-State-Zip: SATELLITE BEACH FL 32937

SIGNATURE: COURTNEY TURNER

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.

Electronic Signature of Signing Authorized Person(s) Detail

CEO

04/12/2022

Date