## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000466043

Entity Name: SENTINEL INSURANCE, LLC

**Current Principal Place of Business:** 

2598 E. SUNRISE BLVD, SUITE 2104, #2015

FORT LAUDERDALE, FL 33304

## **Current Mailing Address:**

2598 E. SUNRISE BLVD, SUITE 2104, #2015 FORT LAUDERDALE, FL 33304 US

FEI Number: 87-2605675 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BERIZZI, ALEC P 2598 E. SUNRISE BLVD, SUITE 2104, #2015 FORT LAUDERDALE, FL 33304 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 Jan 31, 2024

**Secretary of State** 

3381949941CC

## Authorized Person(s) Detail:

Title MGR

Name BERIZZI, ALEC P

Address 2598 E. SUNRISE BLVD,

SUITE 2104, #2015

City-State-Zip: FORT LAUDERDALE FL 33304

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: BERIZZI, ALEC P OWNER 01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date