

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000486425

Entity Name: CLASS INSURANCE ADVISORS LLC

Current Principal Place of Business:

159 HAMPTON POINT DRIVE
SUITE 4
ST AUGUSTINE, FL 32092

Current Mailing Address:

159 HAMPTON POINT DRIVE
SUITE 4
ST AUGUSTINE, FL 32092 US

FEI Number: 87-3609230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUART, KIMBERLEE
247 GLEN LAUREL DRIVE
SAINT JOHNS, FL 32259 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 STUART, KIMBERLEE
Address 247 GLEN LAUREL DRIVE
City-State-Zip: SAINT JOHNS FL 32259

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: KIMBERLEE STUART

OWNER

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date