

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000444233

Entity Name: ARP INSURANCE AGENCY LLC

Current Principal Place of Business:

1712 NW 14TH PL
CAPE CORAL, FL 33993

Current Mailing Address:

PO BOX 812
CAPE CORAL, FL 33991 US

FEI Number: 92-0695519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA DESDIN, ELIANERYS
1712 NW 14TH PL
CAPE CORAL, FL 33993 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 PENA DESDIN, ELIANERYS
Address 1712 NW 14TH PL
City-State-Zip: CAPE CORAL FL 33993

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: ELIANERYS PENA DESDIN

MGR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date