## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000006905

Entity Name: ART LIFE INSURANCE AGENCY, LLC

**Current Principal Place of Business:** 

1800 W 68 ST SUITE 118 HIALEAH, FL 33014

**Current Mailing Address:** 

1800 W 68 ST SUITE 118 HIALEAH, FL 33014 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, JILL 1800 W 68 ST SUITE 118 HIALEAH, FL 33014 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 29, 2024

**Secretary of State** 

9919820664CC

## Authorized Person(s) Detail:

Title MGR

Name JOHNSON, JILL

Address 1800 W 68 ST SUITE 118

City-State-Zip: HIALEAH FL 33014

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.

04/29/2024 SIGNATURE: JILL JOHNSON **MANAGER**