

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000049329

Entity Name: INSURANCE CHIEFS LLC

Current Principal Place of Business:

192 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986

Current Mailing Address:

192 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986

FEI Number: 92-2162764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMARIA, WILLIAM
192 NW CENTRAL PARK PLAZA
PORT ST LUCIE, FL 34986 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 AMBR
Name DEMARIA, WILLIAM
Address 192 NW CENTRAL PARK PLAZA
City-State-Zip: PORT ST LUCIE FL 34986

Title AMBR
Name DEMARIA, NICHOLAS
Address 192 NW CENTRAL PARK PLAZA
City-State-Zip: PORT ST LUCIE FL 34986

Title AMBR
Name DEMARIA, CHAZZ
Address 192 NW CENTRAL PARK PLAZA
City-State-Zip: PORT ST LUCIE FL 34986

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: WILLIAM DEMARIA

AMBR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date