

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000304552

**Entity Name:** BOGEY INSURANCE, LLC

**Current Principal Place of Business:**

2327 SAWYERS HILL RD, UNIT 605  
NAPLES, FL 34120

**Current Mailing Address:**

PO BOX 7124  
NAPLES, FL 34101 US

**FEI Number:** 93-3851822

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOGAN, SUSAN L  
8669 CAVANO ST  
NAPLES, FL 34119 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	Title	MGR
Name	BOGAN, SUSAN L	Name	BOGAN, SUSAN L
Address	2327 SAWYERS HILL RD 605	Address	8669 CAVANO ST
City-State-Zip:	NAPLES FL 34120-2864	City-State-Zip:	NAPLES FL 34119

*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:** SUSAN L BOGAN

**PRESIDENT**

**02/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date