

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000331332

**Entity Name:** COSTANZO FINANCIAL INSURANCE LLC

**Current Principal Place of Business:**

1338 NEBRASKA AVE  
PALM HARBOR, FL 34683

**Current Mailing Address:**

1338 NEBRASKA AVE  
PALM HARBOR, FL 34683 US

**FEI Number:** 93-2349283

**Certificate of Status Desired:** No

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

COSTANO, ALFRED  
1338 NEBRASKA AVE  
PALM HARBOR, FL 34683 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 AP  
Name COSTANZO, ALFRED  
Address 1338 NEBRASKA AVE  
City-State-Zip: PALM HARBOR FL 34683

*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:** ALFRED COSTANZO

AP

02/14/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date