

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000376610

**Entity Name:** LIBERATORE & PARTNERS INSURANCE LLC

**Current Principal Place of Business:**

5826 WILLOW BUD CT  
ORLANDO, FL 32807

**Current Mailing Address:**

5826 WILLOW BUD CT  
ORLANDO, FL 32807 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ORELLANA, MARCELA  
5826 WILLOW BUD CT  
ORLANDO, FL 32807 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	Title	AMBR
Name	ORELLANA, MARCELA	Name	LIBERATORE, HECTOR
Address	5826 WILLOW BUD CT	Address	5826 WILLOW BUD CT
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807

*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:** ORELLANA , MARCELA

AMBR

04/29/2024

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

\_\_\_\_\_ Date