

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000431947

**Entity Name:** MEB INSURANCE, LLC

**Current Principal Place of Business:**

190 PEBBLE BEACH BLVD  
UNIT #105  
NAPLES, FL 34113

**Current Mailing Address:**

190 PEBBLE BEACH BLVD  
UNIT #105  
NAPLES, FL 34113

**FEI Number:** 93-3473282

**Certificate of Status Desired:** No

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

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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            PRES  
Name            BERKLEY, MARK  
Address        190 PEBBLE BEACH BLVD UNIT #105  
City-State-Zip: NAPLES FL 34113

*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:** MARK BERKLEY

**PRESIDENT-OWNER**

**03/04/2024**

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

\_\_\_\_\_  
Date