

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000160532

**Entity Name:** EMBRACE INSURANCE AGENCY L.L.C

**Current Principal Place of Business:**

4530 RICHMOND ROAD  
CLEVELAND, OH 44128

**Current Mailing Address:**

4530 RICHMOND ROAD  
CLEVELAND, OH 44128 US

**FEI Number:** 86-3403418

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**9908895501CC**

**VOID**

000406704080

**Certificate of Status Desired:** No

**See 5-8-23 Statement of fact**

*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 MANAGER  
Name MANNA, ANDREA  
Address 4530 RICHMOND ROAD  
City-State-Zip: CLEVELAND OH 44128

*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:** ANDREA MANNA

MANAGER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date