## **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000058583

Entity Name: M L INSURANCE PARTNERS INC.

**Current Principal Place of Business:** 

1712 AUSTIN LN.

SAINT AUGUSTINE, FL 32092

**Current Mailing Address:** 

1712 AUSTIN LN.

SAINT AUGUSTINE. FL 32092 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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

FILED Jan 17, 2023

**Secretary of State** 

6859298764CC

Officer/Director Detail:

Title PRESIDENT, SECRETARY,

TREASURER, DIRECTOR

Name LINSNER, MARK Address 1712 AUSTIN LN.

City-State-Zip: SAINT AUGUSTINE FL 32092

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK LINSNER PRESIDENT 01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date