

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000049623

**Entity Name:** LEJEUNE INSURANCE AND ASSOCIATES INC

**Current Principal Place of Business:**

13271 SW 71 ST  
MIAMI, FL 33183

**Current Mailing Address:**

13271 SW 71 ST  
MIAMI, FL 33183 US

**FEI Number: 88-3842542**

**Certificate of Status Desired: No**

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

LEJEUNE, BARBARA J  
13271 SW 71 ST  
MIAMI, FL 33183 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

**Officer/Director Detail :**

Title P  
Name LEJEUNE, BARBARA J  
Address 13271 SW 71 ST  
City-State-Zip: MIAMI FL 33183

Title S  
Name RODRIGUEZ, YVETTE L  
Address 13271 SW 71 ST  
City-State-Zip: MIAMI FL 33183

Title O  
Name RODRIGUEZ, JUSTIN E  
Address 13271 SW 71 ST  
City-State-Zip: MIAMI FL 33183

*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: YVETTE RODRIGUEZ**

**S**

**08/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date