

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V34933

**Entity Name:** SEMENTELLI INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4440 PGA BLVD., SUITE 600  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 32372  
PALM BEACH GARDENS, FL 33420 US

**FEI Number:** 65-0327755

**Certificate of Status Desired:** No

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

SEMENTELLI, ALLISON  
4440 PGA BLVD., SUITE 600  
PALM BEACH GARDENS, FL 33410 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:** ALLISON SEMENTELLI

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SEMENTELLI, ALLISON  
Address 4440 PGA BLVD., SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP, SECRETARY, TREASURER  
Name SEMENTELLI, JOHN  
Address 4440 PGA BLVD., SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** ALLISON SEMENTELLI

P.

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date