

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001755

**Entity Name:** JOACHIM INSURANCE GROUP, LLC

**Current Principal Place of Business:**

9251 S. ORANGE BLOSSOM TRAIL  
SUITE 3  
ORLANDO, FL 32837

**Current Mailing Address:**

9251 S. ORANGE BLOSSOM TRAIL  
SUITE 3  
ORLANDO, FL 32837

**FEI Number:** 42-1751289

**Certificate of Status Desired:** No

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

JOACHIM, LAWENS  
9251 S. ORANGE BLOSSOM TRAIL  
3  
ORLANDO, FL 32837 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:** LAWENS JOACHIM

02/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOACHIM, LAWENS  
Address 9251 S. ORANGE BLOSSOM TRAIL  
STE 3  
City-State-Zip: ORLANDO FL 32837

Title MGRM  
Name JOACHIM, ARRY  
Address 9251 S. ORANGE BLOSSOM TRAIL  
STE 3  
City-State-Zip: ORLANDO FL 32837

*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:** LAWENS JOACHIM

MGR

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date