

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000015939

Entity Name: THE CARLUCCI INSURANCE AGENCY LLC

Current Principal Place of Business:

3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

Current Mailing Address:

3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

FEI Number: 27-0253308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIZEMORE, MARK F
6550 ST AUGUSTINE ROAD
SUITE 304
JACKSONVILLE, FL 32217 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: MARK F SIZEMORE

01/31/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VICE PRESIDENT
Name	CARLUCCI, MATTHEW F JR	Name	CARLUCCI, JOSEPH A II
Address	3535 HENDRICKS AVENUE	Address	3535 HENDRICKS AVE.
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

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: MATTHEW CARLUCCI JR

PRESIDENT

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date