

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098753

**Entity Name:** NEW AGENCY SETUP LLC

**Current Principal Place of Business:**

621A WEST NOBLE AVE.  
BUSHNELL, FL 33513

**Current Mailing Address:**

PO BOX 2108  
BUSHNELL, FL 33513

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PETER VOGEL FINANCIAL SERVICES LLC  
621A WEST NOBLE AVE.  
BUSHNELL, FL 33513 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

**Authorized Person(s) Detail :**

Title MGRM  
Name VOGEL, PETER  
Address 621A WEST NOBLE AVE. PO BOX  
2108  
City-State-Zip: BUSHNELL FL 33513

*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:** PETER VOGEL

04/03/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date