2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
9201229225CC

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Entity Name: INSURANCE PLUS OF PALM BEACH LLC

Current Principal Place of Business:

100 E LINTON BLVD SUITE 206A
DELRAY BEACH, FL 33483

Current Mailing Address:

100 E LINTON BLVD SUITE 206A
DELRAY BEACH, FL 33483 US

FEI Number: 46-1853569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN, WILFRID
100 E LINTON BLVD SUITE 206A
DELRAY BEACH, FL 33483 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: WILFRID JEAN 04/08/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	JEAN, WILFRID
Address	100 E LINTON BLVD SUITE 206A
City-State-Zip:	DELRAY BEACH FL 33483

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: JEAN, WILFRID MANAGER 04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date