

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177176

**Entity Name:** BARAKAT INSURANCE, LLC

**Current Principal Place of Business:**

2722 13TH STREET  
ST. CLOUD, FL 34769

**Current Mailing Address:**

2722 13TH ST.  
ST. CLOUD, FL 34769 US

**FEI Number:** 46-4750343

**Certificate of Status Desired:** No

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

BARAKAT, GABY  
2722 13TH ST.  
ST. CLOUD, FL 34769 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 MGR  
Name BARAKAT, GABY  
Address 2722 13TH STREET  
City-State-Zip: ST. CLOUD FL 34769

*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:** GABY BARAKAT

MGR

01/29/2021

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

\_\_\_\_\_ Date