

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149949

**Entity Name:** BEACON INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

10101 W SAMPLE RD  
SUITE 436  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10101 W SAMPLE RD  
SUITE 436  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-1929608

**Certificate of Status Desired:** No

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

CAINES, KIESHA  
10101 W SAMPLE RD  
SUITE 436  
CORAL SPRINGS, FL 33065 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            CAINES, KIESHA  
Address        10101 W SAMPLE RD  
                  SUITE 436  
City-State-Zip: CORAL SPRINGS FL 33065

Title            AMBR  
Name            CAINES, RAYANTHONY  
Address        10101 W SAMPLE RD  
                  SUITE 436  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** KIESHA MORRIS-CAINES

**MANAGER**

**02/08/2022**

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

\_\_\_\_\_  
Date