

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000038402

Entity Name: KEYS INSURANCE AGENCY, LLC**Current Principal Place of Business:**1855 WEST STATE ROAD 434
LONGWOOD, FL 32750**Current Mailing Address:**1855 WEST STATE ROAD 434
LONGWOOD, FL 32750**FEI Number:** 81-1824222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** CSC

03/22/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	RITENOUR, HEATH
Address	1855 WEST STATE ROAD 434
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	MEYERS, THOMAS
Address	1855 WEST STATE ROAD 434
City-State-Zip:	LONGWOOD FL 32750

Title	MANAGING MEMBER
Name	EAGLE AMERICAN INSURANCE AGENCY, LLC
Address	1855 WEST STATE ROAD 434
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	MASTERS, GREGORY
Address	1855 WEST STATE ROAD 434
City-State-Zip:	LONGWOOD FL 32750

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: HEATH RITENOUR

MANAGER

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date