

2023 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

04/27/2023

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 JR.
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: THOMAS MEYERS, JR.

SECRETARY

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date