

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000148930

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

**Current Principal Place of Business:**

4800 S.W. 64TH AVENUE  
106  
DAVIE, FL 33314

**Current Mailing Address:**

4800 S.W. 64TH AVENUE  
106  
DAVIE, FL 33314 US

**FEI Number:** 47-5017109

**Certificate of Status Desired:** No

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

BYNUM, LUCRETIA D  
4800 S.W. 64TH AVENUE  
106  
DAVIE, FL 33314 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 PRINCIPAL  
Name BYNUM, LUCRETIA  
Address 4800 S.W. 64TH AVENUE  
106  
City-State-Zip: DAVIE FL 33314

*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:** LUCRETIA BYNUM

**OWNER**

**04/28/2022**

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

\_\_\_\_\_ Date