2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2024
Secretary of State
8338987603CC

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Entity Name: EVOLVE INSURANCE AGENCY LLC

Current Principal Place of Business:

2017 TAMIAMI TRAIL SOUTH, UNIT B
VENICE, FL 34293

Current Mailing Address:

2017 TAMIAMI TRAIL SOUTH, UNIT B
VENICE, FL 34293 US

FEI Number: 45-2906775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRONK, DAVID W JR
2017 TAMIAMI TRAIL SOUTH, UNIT B
VENICE, FL 34293 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	MGRM
Name	KRONK, DAVID W JR
Address	2017 TAMIAMI TRAIL SOUTH, UNIT B
City-State-Zip:	VENICE FL 34293

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: DAVID W KRONK JR OWNER 01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date