

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000040458

Entity Name: ASSURANCE CONSULTING AND PARTNERS, LLC

Current Principal Place of Business:

2625 CHARLENE STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

2625 CHARLENE STREET
PUNTA GORDA, FL 33950

FEI Number: 81-5419873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPORASO, ANTHONY
2625 CHARLENE STREET
PUNTA GORDA, FL 33950 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: ANTHONY CAPORASO

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAPORASO, ANTHONY
Address 2625 CHARLENE ST
City-State-Zip: PUNTA GORDA FL 33950

Title OWNER
Name CAPORASO, ANGELICA D
Address 318 TAMiami TR
SUITE 219
City-State-Zip: PUNTA GORDA FL 33950

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: ANTHONY CAPORASO

MGR

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date