2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2025
Secretary of State
4101695297CC

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Entity Name: NAG INSURANCE AGENCY LLC

Current Principal Place of Business:

6316 SAN JUAN AVE
10
JACKSONVILLE, FL 32210

Current Mailing Address:

9112 OVIEDO RD
JACKSONVILLE, FL 32221 US

FEI Number: 84-1747624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTHELEMY, GUIRAUD
9112 OVIEDO RD
JACKSONVILLE, FL 32221 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	MGR
Name	BARTHELEMY, GUIRAUD
Address	9112 OVIEDO RD
City-State-Zip:	JACKSONVILLE FL 32221

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: GUIRAUD BARTHELEMY OWNER, MANAGER 05/01/2025

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