

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000120008

Entity Name: NAG INSURANCE AGENCY LLC

Current Principal Place of Business:

8990 W BEAVER ST
JACKSONVILLE, FL 32220

Current Mailing Address:

8990 W BEAVER ST
JACKSONVILLE, FL 32220 US

FEI Number: 84-1747624

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BARTHELEMY, GUIRAUD
8990 W BEAVER ST
JACKSONVILLE, FL 32220 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 8990 W BEAVER ST
City-State-Zip: JACKSONVILLE FL 32220

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

MANAGER

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date