

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000143735

**Entity Name:** LUIS FELICIANO INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

830 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**Current Mailing Address:**

830 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 US

**FEI Number:** 56-2632150

**Certificate of Status Desired:** Yes

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

FELICIANO, LUIS  
830 NORTH JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741 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	PRESIDENT	Title	MANAGER
Name	FELICIANO, LUIS	Name	COX, DAYANA
Address	830 NORTH JOHN YOUNG PARKWAY	Address	830 NORTH JOHN YOUNG PARKWAY
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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:** LUIS ANTONIO FELICIANO

MEMBER

03/08/2023

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

\_\_\_\_\_  
Date