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.

PRESIDENT

SIGNATURE: LUIS FELICIANO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000143735

Entity Name: LUIS FELICIANO INSURANCE AGENCY, LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

830 NORTH JOHN YOUNG PARKWAY SUITE 840 KISSIMMEE, FL 34741

Current Mailing Address:

830 NORTH JOHN YOUNG PARKWAY SUITE 840 KISSIMMEE, FL 34741 US

FEI Number: 56-2632150

Name and Address of Current Registered Agent:

FELICIANO, LUIS 830 NORTH JOHN YOUNG PARKWAY STE 834B 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

Authorized Person(s) Detail :

Authorized Ferson(S) Detail.			
Title	PRESIDENT	Title	MANAGER
Name	FELICIANO, LUIS	Name	COX, DAYANA
Address	830 NORTH JOHN YOUNG PARKWAY SUITE 840	Address	830 NORTH JOHN YOUNG PARKWAY STE 840
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

FILED Jan 14, 2021 Secretary of State

0728446335CC

Certificate of Status Desired: Yes

01/14/2021

Date