

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000143735

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

**Current Principal Place of Business:**

2390 WHITE CEDAR WAY  
HAINES CITY, FL 33844

**Current Mailing Address:**

2390 WHITE CEDAR WAY  
HAINES CITY, FL 33844 US

**FEI Number:** 56-2632150

**Certificate of Status Desired:** Yes

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

FELICIANO, LUIS  
2390 WHITE CEDAR WAY  
HAINES CITY, FL 33844 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	2390 WHITE CEDAR WAY	Address	2390 WHITE CEDAR WAY
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

*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

**PRESIDENT**

**04/25/2024**

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

\_\_\_\_\_  
Date