

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000280063

**Entity Name:** MJB INSURANCE, LLC

**Current Principal Place of Business:**

1065 WANDERING WILLOW WAY  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

1065 WANDERING WILLOW WAY  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 84-3846476

**Certificate of Status Desired:** No

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

BATTAGLIO, MICHAEL J  
1065 WANDERING WILLOW WAY  
LOXAHATCHEE, FL 33470 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 BATTAGLIO, MICHAEL J  
Address 1065 WANDERING WILLOW WAY  
City-State-Zip: LOXAHATCHEE FL 33470

Title MGR  
Name BATTAGLIO, LORI E  
Address 1065 WANDERING WILLOW WAY  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** MICHAEL BATTAGLIO

**MANAGER**

**01/03/2024**

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

\_\_\_\_\_  
Date