

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000083933

Entity Name: CLEARVUE INSURANCE AGENCY, LLC

Current Principal Place of Business:

308 AVE G SW
SUITE 201
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 741
WINTER HAVEN, FL 33882 US

FEI Number: 85-0505911

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MICHEL, LORNA
308 AVE G SW
SUITE 201
WINTER HAVEN, FL 33880 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: LORNA MICHEL

03/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name MICHEL, LORNA
Address PO BOX 741
City-State-Zip: WINTER HAVEN FL 33882

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: LORNA MICHEL

CEO

03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date