

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000094535

Entity Name: LIBRERA INSURANCE GROUP LLC

Current Principal Place of Business:

5011 GATE PKWY BUILDING 100
100
JACKSONVILLE, FL 32256

Current Mailing Address:

5011 GATE PKWY BUILDING 100
100
JACKSONVILLE, FL 32256 US

FEI Number: 85-1495000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIBRERA, JOHN P
5011 GATE PKWY BUILDING 100
100
JACKSONVILLE, FL 32256 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 LIBRERA, JOHN P
Address 5011 GATE PKWY BUILDING 100,
SUITE 100
City-State-Zip: JACKSONVILLE FL 32256

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: JOHN P LIBRERA

OWNER

03/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date