

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000290539

Entity Name: MICHAEL LUCENT INSURANCE AGENCY, LLC

Current Principal Place of Business:

13116 WILDFLOWER PLACE WEST
JACKSONVILLE, FL 32246

Current Mailing Address:

13116 WILDFLOWER PLACE WEST
JACKSONVILLE, FL 32246

FEI Number: 85-3157432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCENT, MICHAEL L
13116 WILDFLOWER PLACE WEST
JACKSONVILLE, FL 32246 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
Name LUCENT, MICHAEL LOUIS
Address 13116 WILDFLOWER PLACE WEST
City-State-Zip: JACKSONVILLE FL 32246

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 LUCENT

PRESIDENT

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date