

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000114366

Entity Name: FLEX INSURANCE AGENCY, LLC

Current Principal Place of Business:

2101 VISTA PARKWAY
SUITE 273
WEST PALM BEACH, FL 33411

Current Mailing Address:

4628 WINDWARD COVE LN
WELLINGTON, FL 33449 US

FEI Number: 86-2850455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOSA TIEL, MADAY
4628 WINDWARD COVE LN
WELLINGTON, FL 33449 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 SOSA TIEL, MADAY MRS.
Address 4628 WINDWARD COVE LN
City-State-Zip: WELLINGTON FL 33449

Title MGR
Name CEVALLOS, BYRON B
Address 2101 VISTA PARKWAY STE 273
City-State-Zip: WEST PALM BCH FL 33411

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: MADAY SOSA TIEL

MGR

02/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date