2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2023
Secretary of State
5211263008CC

DOCUMENT# L21000390203

Entity Name: V.A.L. INSURANCE AGENCY L.L.C.

Current Principal Place of Business:

2780 E FOWLER AVE
429
TAMPA, FL 33612

Current Mailing Address:

2780 E FOWLER AVE
429
TAMPA, FL 33612

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNFATT, KEVIN
2780 E FOWLER AVE
429
TAMPA, FL 33612 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	AUTHORIZED MEMBER
Name	LYNFATT, KEVIN
Address	2780 E FOWLER AVE 429
City-State-Zip:	TAMPA FL 33612

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: KEVIN LYNFATT AM 04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date