

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000449109

Entity Name: PALM TREE INSURANCE SERVICES, LLC

Current Principal Place of Business:

1377 SW GATLIN BLVD
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

4731 W ATLANTIC AVE
B9
DELRAY BEACH, FL 33445 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALM TREE INSURANCE AGENCY, LLC
4731 W ATLANTIC AVE
B9
DELRAY BEACH, FL 33445 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 JOACEUS, ROODY
Address 6165 EATON ST
City-State-Zip: WEST PALM BEACH FL 33411

Title AMBR
Name JEAN LOUIS, JONECK
Address 720 NW 10TH CT
City-State-Zip: BOYNTON BEACH FL 33426

Title AMBR
Name AUGUSTE, LAURENT
Address 3992 LAKE TAHOE CIR
City-State-Zip: WEST PALM BEACH FL 33409

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: ROODY JOACEUS

MGR

04/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date