

**2023 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**

**04/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date