

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000507766

Entity Name: LONGITUDE INSURANCE CONSULTANT LLC

Current Principal Place of Business:

C/O BEST OPTIONS LLC
1145 VIA JARDIN
WEST PALM BEACH, FL 33418

Current Mailing Address:

C/O BEST OPTIONS LLC
1145 VIA JARDIN
WEST PALM BEACH, FL 33418 US

FEI Number: 87-3857256

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEST OPTIONS LLC
1145 VIA JARDIN
WEST PALM BEACH, FL 33418 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: PASCAL GIBERT

04/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name BARBAROT, BENJAMIN
Address C/O BEST OPTIONS LLC
1145 VIA JARDIN
City-State-Zip: WEST PALM BEACH FL 33418

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: BENJAMIN BARBAROT

AMBR

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date