

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000072592

Entity Name: LAMARRE'S INSURANCE AGENCY LLC

Current Principal Place of Business:

4929 OLEANDER AVE
FORT PIERCE, FL 34982

Current Mailing Address:

4929 OLEANDER AVE
FORT PIERCE, FL 34982 US

FEI Number: 47-3353426

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAMARRE, ANILIEN
5193 NW WISK FERN CIR
FORT PIERCE, FL 34986 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: ANILIEN LAMARRE

03/07/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LAMARRE, ANILIEN
Address 5193 NW WISK FERN CIR
City-State-Zip: FORT PIERCE FL 34986

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: ANILIEN LAMARRE

OWNER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date