

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229760

**Entity Name:** KEYES COVERAGE, LLC**Current Principal Place of Business:**5900 N HIATUS RD  
TAMARAC, FL 33321**Current Mailing Address:**PO BOX 463  
IRWIN, PA 15642 US**FEI Number:** 59-1678136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH ST N  
SUITE 300  
ST.PETERSBURG, FL 33702 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	MANAGER
Name	KINNEY, PATRICK
Address	5900 N HIATUS RD
City-State-Zip:	TAMARAC FL 33321

Title	MEMBER
Name	KEYSTONE AGENCY PARTNERS LLC
Address	2600 COMMERCE DR.
City-State-Zip:	HARRISBURG PA 17110

Title	MEMBER
Name	MARSH, GREGORY
Address	5900 N HIATUS RD
City-State-Zip:	TAMARAC FL 33321

Title	MEMBER
Name	RAGNO, DAVID
Address	5900 N HIATUS RD
City-State-Zip:	TAMARAC FL 33321

Title	MEMBER
Name	KEYES, ZACHARY
Address	5900 N HIATUS RD
City-State-Zip:	TAMARAC FL 33321

Title	MEMBER
Name	GARZON, RYAN
Address	5900 N HIATUS RD
City-State-Zip:	TAMARAC FL 33321

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:** PATRICK KINNEY

MANAGER

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date