

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000289860

**Entity Name:** FRANKEL INSURANCE, LLC

**Current Principal Place of Business:**

3535 MILITARY TRAIL  
#101  
JUPITER, FL 33458

**Current Mailing Address:**

3535 MILITARY TRAIL  
#101  
JUPITER, FL 33458

**FEI Number: 88-3041016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRANKEL, THOMAS  
3535 MILITARY TRAIL  
#101  
JUPITER, FL 33458 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            AMBR  
Name            FRANKEL, THOMAS  
Address        3535 MILITARY TRAIL #101  
City-State-Zip: JUPITER FL 33458

Title            AMBR  
Name            FRANKEL, SALLY  
Address        3535 MILITARY TRAIL #101  
City-State-Zip: JUPITER FL 33458

Title            AMBR  
Name            FRANKEL, RYAN  
Address        3535 MILITARY TRAIL #101  
City-State-Zip: JUPITER FL 33458

Title            AMBR  
Name            CIVITELLA, MICHAEL  
Address        3535 MILITARY TRAIL #101  
City-State-Zip: JUPITER FL 33458

*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: THOMAS FRANKEL**

**MGR**

**01/04/2024**

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

\_\_\_\_\_  
Date