

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000360164

Entity Name: CHRISTOPHER LEE INSURANCE AGENCY LLC

Current Principal Place of Business:

837 SE COURANCES DR
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

837 SE COURANCES DR
PORT SAINT LUCIE, FL 34984 US

FEI Number: 84-3171275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, CHRISTOPHER
837 SE COURANCES DR
PORT ST LUCIE, FL 34984 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 LEE, CHRISTOPHER
Address 837 SE COURANCES DR
City-State-Zip: PORT ST LUCIE FL 34984

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: CHRISTOPHER LEE

PRESIDENT

01/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date