**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 11, 2024**
**Secretary of State**
**3225288374CC**

DOCUMENT# L22000393141

**Entity Name:** INSURANCE 4 YOUR ASSURANCE LLC

**Current Principal Place of Business:**

9620 EXECUTIVE CENTER DRIVE N
SUITE 150
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

9620 EXECUTIVE CENTER DRIVE N
SUITE 150
SAINT PETERSBURG, FL 33702 US

**FEI Number: 92-0269111**

**Certificate of Status Desired:** No

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

BIANCHI, TIERRA
SUITE 150 US HEALTH ADVISOR
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 | OWNER |
| Name | BIANCHI, TIERRA |
| Address | SUITE 150 US HEALTH ADVISOR |
| City-State-Zip: | ST. PETERSBURG FL 33702 |

*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: TIERRA BIANCHI TIERRA BIANCHI 01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date