

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000395185

**Entity Name:** RELYEA INSURANCE GROUP LLC

**Current Principal Place of Business:**

404 SUZANNE DRIVE  
SPRING HILL, FL 34607

**Current Mailing Address:**

404 SUZANNE DRIVE  
SPRING HILL, FL 34607

**FEI Number:** 92-0295276

**Certificate of Status Desired:** No

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

RELYEA, DAMION  
404 SUZANNE DRIVE  
SPRING HILL, FL 34607 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                 | Title           | AMBR                 |
| Name            | RELYEA, DAMION       | Name            | KNAPP, SAVANNA       |
| Address         | 404 SUZANNE DRIVE    | Address         | 404 SUZANNE DRIVE    |
| City-State-Zip: | SPRING HILL FL 34607 | City-State-Zip: | SPRING HILL FL 34607 |

*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:** SAVANNA KNAPP

**CO-OWNER**

**03/07/2023**

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

\_\_\_\_\_  
Date