

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000035333

**Entity Name:** STEPHANIE RICHARDSON INSURANCE AGENCY LLC

**Current Principal Place of Business:**

510 COUNTY ROAD 466  
SUITE 203N  
LADY LAKE, FL 32159

**Current Mailing Address:**

510 COUNTY ROAD 466  
SUITE 203N  
LADY LAKE, FL 32159 US

**FEI Number:** 92-2245706

**Certificate of Status Desired:** No

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

RICHARSON, STEPHANIE  
510 COUNTY ROAD 466  
SUITE 203N  
LADY LAKE, FL 32159 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 RICHARDSON, STEPHANIE  
Address 510 COUNTY ROAD 466  
SUITE 203N  
City-State-Zip: LADY LAKE FL 32159

*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:** STEPHANIE RICHARDSON

MGR

04/30/2024

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

\_\_\_\_\_  
Date