

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000436473

Entity Name: DEVON PLACE INSURANCE AGENCY LLC

Current Principal Place of Business:

2901 CLINT MOORE ROAD
#317
BOCA RATON, FL 33496

Current Mailing Address:

2901 CLINT MOORE ROAD
#317
BOCA RATON, FL 33496 PB

FEI Number: 93-3358169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHLESINGER, JOSHUA L
842 BROKEN SOUND PKWY NW
APT 103
BOCA RATON, FL 33487 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 SCHLESINGER, JOSHUA L
Address 842 BROKEN SOUND PKWY NW, APT 103
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name SCHLESINGER, LESLIE
Address 3710 NW 53 ST
City-State-Zip: BOCA RATON FL 33496

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: JOSHUA SCHLESINGER

MANAGER

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date