

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000495395

**Entity Name:** INSURANCE WORKS AGENCY LLC

**Current Principal Place of Business:**

7061 W COMMERCIAL BLVD  
5L  
TAMARAC, 33319

**Current Mailing Address:**

7061 W COMMERCIAL BLVD  
5L  
TAMARAC, FL 33319 US

**FEI Number:** 93-4167438

**Certificate of Status Desired:** No

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

SAKOFF, NICHOLAS S  
2100 NW 74TH AVE  
SUNRISE, FL 33313 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 CEO  
Name SAKOFF, NICHOLAS S  
Address 2100 NW 74TH AVE  
City-State-Zip: SUNRISE 33313

Title CEO  
Name SERVICE, MARC  
Address 5712 NW 73RD AVE  
City-State-Zip: TAMARAC FL 33321

*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:** MARC SERVICE

CEO

04/30/2025

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

\_\_\_\_\_  
Date