

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000527187

**Entity Name:** INNOVATIVE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

317 SW 21ST ST  
APT 2  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

317 SW 21ST ST  
APT 2  
FORT LAUDERDALE, FL 33315 US

**FEI Number:** 37-2119460

**Certificate of Status Desired:** No

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

BOOKSH, JOSEPH A  
317 SW 21ST ST  
APT 2  
FORT LAUDERDALE, FL 33315 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 BOOKSH, JOSEPH A  
Address 317 SW 21ST ST APT 2  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** JOSEPH A BOOKSH

**OWNER**

**04/09/2024**

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

\_\_\_\_\_  
Date