

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000005916

**Entity Name:** LABARRE/OKSNEE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

30 ENTERPRISE STE 180  
ALISO VIEJO, CA 92656

**Current Mailing Address:**

30 ENTERPRISE STE 180  
ALISO VIEJO, CA 92656 US

**FEI Number:** 33-0734333

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MBR  
Name 92656 ASSOCIATES, INC.  
Address 30 ENTERPRISE STE 180  
City-State-Zip: ALISO VIEJO CA 92656

Title PCEO  
Name OKSNEE, SCOTT  
Address 30 ENTERPRISE STE 180  
City-State-Zip: ALISO VIEJO CA 92656

Title AP  
Name 1251 DISTRIBUTION INSURANCE  
PLAT  
Address 83 NEWBURY ST 3 FL  
City-State-Zip: BOSTON MA 02116

Title S  
Name LABARRE, STEVEN CURTIS  
Address 30 ENTERPRISE STE 180  
City-State-Zip: ALISO VIEJO CA 92656

*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:** SCOTT OKSNEE

**PRESIDENT AND CEO**

**03/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date