

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000052750

**Entity Name:** FONTE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

8201 PETERS ROAD  
1000  
PLANTATION, FL 33324

**Current Mailing Address:**

8201 PETERS ROAD  
1000  
PLANTATION, FL 33324 US

**FEI Number:** 86-1849036

**Certificate of Status Desired:** No

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

FONTE, ALEX M  
8201 PETERS ROAD  
1000  
PLANTATION, FL 33324 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            AMBR  
Name            FONTE, ALEX M  
Address        8201 PETERS ROAD  
                  1000  
City-State-Zip: PLANTATION FL 33324

*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:** ALEX MICHAEL FONTE

AMB

04/11/2024

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

\_\_\_\_\_  
Date