

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000229760

Entity Name: KEYES COVERAGE, LLC

Current Principal Place of Business:

5900 N HIATUS RD
TAMARAC, FL 33321

Current Mailing Address:

PO BOX 463
IRWIN, PA 15642 US

FEI Number: 59-1678136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
SUITE 300
ST.PETERSBURG, FL 33702 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 MANAGER
Name KINNEY, PATRICK
Address 5900 N HIATUS RD
City-State-Zip: TAMARAC FL 33321

Title MEMBER
Name KEYSTONE AGENCY PARTNERS LLC
Address 2600 COMMERCE DR.
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name MARSH, GREGORY
Address 5900 N HIATUS RD
City-State-Zip: TAMARAC FL 33321

Title MEMBER
Name RAGNO, DAVID
Address 5900 N HIATUS RD
City-State-Zip: TAMARAC FL 33321

Title MEMBER
Name KEYES, ZACHARY
Address 5900 N HIATUS RD
City-State-Zip: TAMARAC FL 33321

Title MEMBER
Name GARZON, RYAN
Address 5900 N HIATUS RD
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: PATRICK KINNEY

MANAGER

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date