

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000430056

**Entity Name:** SYNERGY INSURANCE AFFILIATES LLC

**Current Principal Place of Business:**

350 CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432

**Current Mailing Address:**

350 CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432 US

**FEI Number:** 88-4163728

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
1200 SOUTH PINE ISLAND ROAD  
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 MGR  
Name SANCTUARY AFFILIATES LLC  
Address 1013 CENTRE ROAD, SUITE 403-B  
City-State-Zip: WILMINGTON DE 19805  
  
Title MGR  
Name NOLL, CLEMENT  
Address 350 CAMINO GARDENS BLVD  
SUITE 201  
City-State-Zip: BOCA RATON FL 33432

Title MGR  
Name LOUCAR HOLDINGS LLC  
Address 651 N BROAD ST  
STE 205 #9789  
City-State-Zip: MIDDLETOWN DE 19709

*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:** CLEMENT NOLL

MGR

11/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date