

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000495368

**Entity Name:** WISE ASSURANCE GROUP LLC

**Current Principal Place of Business:**

29237 LAUGHRIDGE PL  
WESLEY CHAPEL, FL 33545

**Current Mailing Address:**

29237 LAUGHRIDGE PL  
WESLEY CHAPEL, FL 33545

**FEI Number: 88-4338276**

**Certificate of Status Desired: No**

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

SCHNOG, GIDEON  
29237 LAUGHRIDGE PL  
WESLEY CHAPEL, FL 33545 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            GIDEON SCHNOG  
Address        29237 LAUGHRIDGE PL  
City-State-Zip: WESLEY CHAPEL FL 33545

*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: GIDEON SCHNOG**

**OWNER**

**03/11/2024**

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

\_\_\_\_\_ Date