





STATE OF IDAHO

Office of the secretary of state, Phil McGrane **ANNUAL REPORT**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005771676

Date

Date Filed: 6/10/2024 9:50:37 AM

Entity Name and Mailing Address:			
Entity Name:			FFLUENT INSURANCE PROGRAM, LLC
Foreign Name (name in home jurisdiction): The file number of this entity on the records of the Idaho Secretary of State is:			AFFLUENT INSURANCE PROGRAM, LLC
			0000204693
Address			404 FLORIDA AVE VEST PALM BEACH, FL 33401-7866
Entity Details:		_	
Entity Status			ctive-Existing
This entity is organized under the laws of:			FLORIDA
If applicable, the old file numb the Idaho Secretary of State w		ecords of V	/64553
The registered agent on record is:			
Registered Agent			ORPORATE CREATIONS NETWORK INC
			Commercial Registered Agent
			hysical Address 50 W BANNOCK ST #1100
			OISE, ID 83702
		N	lailing Address
			50 W BANNOCK ST #1100 OISE, ID 83702
Agent or Address Change			
Select if you are appointing	ng a new agent.		
Limited Liability Company Managers an	d Members		
Name	Title		Business Address
Bruce P. Gendelman	Manager		DRIDA AVE ALM BEACH, FL 33401-7866
Joseph Gendelman	Member		ORIDA AVE ALM BEACH, FL 33401-7866
The annual report must be signed by ar	authorized signer of the entit	y.	
	n authorized signer of the entit	у.	

Sign Here