

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JustinCare Insurance, LLC JustinCare Insurance, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Nguyen
Name of Person
JustinCare Insurance, LLC
Firm/Company
8018 Crushed Pepper Ave
Address
Orlando, FL 32817
City/State and Zip Code
justincareinsurance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Nguyen 586 909-2897
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Title	AMBR JUSTIN NGUYEN (Justin Nguyen)	8048 Crashed Pepper Ave Orlando, FL 32817	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
JUSTINCARE INSURANCE LLC

Filing Information

Document Number L24000159606

FEI/EIN Number NONE

Date Filed 04/03/2024

Effective Date 04/03/2024

State FL

Status ACTIVE

Principal Address

8048 CRUSHED PEPPER AVE
ORLANDO, FL 32817

Mailing Address

8048 CRUSHED PEPPER AVE
ORLANDO, FL 32817

Registered Agent Name & Address

NGUYEN, JUSTIN
8048 CRUSHED PEPPER AVE
ORLANDO, FL 32817

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

04/03/2024 -- Florida Limited Liability [View image in PDF format](#)

I need to add the following:

EIN - 99-2068539 (add) (w)

Title AMBR ANGENA (add) (w)
JUSTIN NGUYEN
8048 crushed pepper ave.
Orlando, FL 32817