

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061719

Entity Name: SUAREZ INSURANCE, INC.

Current Principal Place of Business:

2155 W BUSCH BLVD
TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 4927
TAMPA, FL 33677 US

FEI Number: 27-0577912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, MICHAEL A
1304 W. PLYMOUTH STREET
TAMPA, FL 33603 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

Officer/Director Detail :

Title P
Name SUAREZ, MICHAEL A
Address P.O. BOX 4927
City-State-Zip: TAMPA FL 33677

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. SUAREZ

PRESIDENT

04/30/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date