

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005563

Entity Name: EQUIINSURANCE, LLC.

Current Principal Place of Business:

14062 NW 82ND AVE
MIAMI LAKES, FL 33016

Current Mailing Address:

14062 NW 82ND AVE
MIAMI LAKES, FL 33016 US

FEI Number: 20-8248518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, FRANK
14062 NW 82ND AVE
MIAMI LAKES, FL 33016 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 MGRM
Name FERNANDEZ, FRANK
Address 3963 SW 189 AVE
City-State-Zip: MIRAMAR FL 33029

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: FRANK FERNANDEZ

PRESIDENT

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date