## TRUSTEE

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105563

Entity Name: INSURANCE REMEDIATION SERVICES LLC

**Current Principal Place of Business:** 

1951 NW 141 ST UNIT 1 MIAMI, FL 33181

## **Current Mailing Address:**

4020 GALT OCEAN DR 1407 FT LAUDERDALE, FL 33308 US

## FEI Number: 45-1593038

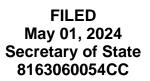
## Name and Address of Current Registered Agent:

TREDICI, G 4020 GALT OCEAN DR 217 FT LAUDERDALE, FL 33308 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                     | G TREDICI  |                 | 05/01/2024  |
|-------------------------------|--|-----------------|---|
|                               | Electronic Signature of Registered Agent             |                 | Date  |
| Authorized Person(s) Detail : |  |                 |   |
| Title                         | MGRM   | Title           | TRUSTEE   |
| Name                          | TREDICI, G   | Name            | THE JUAN YEJE REVOCABLE LIVING<br>TRUST DATED MARCH 7, 2023 |
| Address                       | 4020 GALT OCEAN DR<br>1407<br>FT LAUDERDALE FL 33308 | Address         | 4020 GALT OCEAN DR<br>203                                   |
| City-State-Zip:               |  | City-State-Zip: |   |

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. 05/01/2024



Certificate of Status Desired: No

Date