	Electronic Signature of Registered Agent						
uthorized Person(s) Detail :							
tle	MGR	Title	AMBR				

Authorized Person(s) Detail :						
Title	MGR	Title	AMBR			
Name	FIGUEREDO LOPEZ, PEDRO	Name	CASTELLANOS, MARIA V			
Address	15600 SW 12TH TERR	Address	5750 COLLINS AVE			
City-State-Zip:	MIAMI FL 33194	City State Zin	APT 14A			

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.

AMBR

SIGNATURE: MARIA V. CASTELLANOS

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054031

Entity Name: INSURANCE & BEYOND LLC

# **Current Principal Place of Business:**

8245 NW 93RD STREET MEDLEY, FL 33166

### **Current Mailing Address:**

8245 NW 93RD STREET MEDLEY, FL 33166 US

# FEI Number: 45-5104850

# Name and Address of Current Registered Agent:

SIGNATURE: MARIA V. CASTELLANOS

CASTELLANOS, MARIA V 8245 NW 93RD STREET MEDLEY, FL 33166 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.

	Electronic Signature of Registered Agent						
uthorized	horized Person(s) Detail :						
le	MGR	Title	AMBR				
ame	FIGUEREDO LOPEZ, PEDRO	Name	CASTELLANOS, MARIA V				
ldress	15600 SW 12TH TERR	Address	5750 COLLINS AVE				
ty-State-Zip:	MIAMI FL 33194		APT 14A				
iy-0iai0-∠ip.		City-State-Zip:	MIAMI BEACH FL 33140				

03/24/2023

# FILED Mar 24, 2023 Secretary of State 2495785221CC

03/24/2023

Certificate of Status Desired: No

Date