## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047938

Entity Name: MORENO INSURANCE, LLC

**Current Principal Place of Business:** 

1625 PALM AVE SUITE 2 HIALEAH. FL 33010

**Current Mailing Address:** 

1625 PALM AVENUE SUITE 2

HIALEAH, FL 33010 US

FEI Number: 47-1112394 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, RAFAEL 1625 PALM AVE. SUITE II PLAZA MORENO HIALEAH, FL 33010 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

FILED Jan 26, 2022

**Secretary of State** 

5222129846CC

Authorized Person(s) Detail:

Title PRESIDENT Title AUTHORIZED MEMBER

Name MORENO, HECTOR LUIS Name MORENO, HECTOR

Address 1625 PALM AVE SUITE 2 Address 210 E 15 ST

City-State-Zip: HIALEAH FL 33010 City-State-Zip: HIALEAH FL 33010

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: HECTOR MORENO

PRESIDENT

01/26/2022