

**2023 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

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**7945757994CC**

**Current Mailing Address:**

1625 PALM AVENUE  
SUITE 2  
HIALEAH, FL 33010 US

**FEI Number:** 47-1112394

**Certificate of Status Desired:** Yes

**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

**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**

**04/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date