

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000057295

Entity Name: INSURANCE TRIPLE E, LLC**Current Principal Place of Business:**80 EAST 53 TERRACE
HIALEAH, FL 33013**Current Mailing Address:**80 EAST 53 TERRACE
HIALEAH, FL 33013 US**FEI Number:** 47-3599197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERERA, ESTERLLIN
80 EAST 53 TERRACE
HIALEAH, FL 33013 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	MGR	Title	MGR
Name	RODRIGUEZ, ELIDIA	Name	PERERA, ESTERLLIN
Address	80 EAST 53 TERRACE	Address	80 EAST 53 TERRACE
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	HIALEAH FL 33013
Title	MGR		
Name	PERERA RODRIGUEZ, ERENYS		
Address	921 EAST 9 ST		
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: ELIDIA RODRIGUEZ

MANAGER

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date