# 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.

MGR

SIGNATURE: ARRIA R ALFONSO J

SUITE 610

City-State-Zip: MIAMI FL 33131

Electronic Signature of Signing Authorized Person(s) Detail

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.

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SIGNATURE	ALFONSO ARRIA			02/06/2024
	Electronic Signature of Registered Agent			Date
Authorized I	Person(s) Detail :			
Title	OWNER	Title	AMBR	
Name	D'ALESSANDRO, DANIELA	Name	CEDENO CAMACHO, RAFAEL	
Address	999 BRICKELL AVENUE SUITE 610	Address	999 BRICKELL AVENUE SUITE 610	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGR			
Name	ARRIA R, ALFONSO J			
Address	999 BRICKELL AVENUE			

### Name and Address of Current Registered Agent:

**Current Mailing Address:** 

ARRIA, ALFONSO 999 BRICKELL AVENUE

SUITE 610 MIAMI, FL 33131 US

999 BRICKELL AVENUE SUITE 610 MIAMI, FL 33131 US

## FEI Number: 81-3032319

SUITE 610 MIAMI, FL 33131

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000117529

Entity Name: ATRIO INSURANCE GROUP LLC

# **Current Principal Place of Business:**

999 BRICKELL AVENUE

# Secretary of State 2910959368CC

Certificate of Status Desired: Yes

FILED Feb 06, 2024

02/06/2024