

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123376

**Entity Name:** SAN CHARBEL INSURANCE AGENCY LLC

**Current Principal Place of Business:**

7900 OAK LN #400  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7900 OAK LN #400  
MIAMI LAKES, FL 33016 US

**FEI Number:** 81-3384291

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEAL SALGUERO, JOHAN E.  
7900 OAK LN #400  
MIAMI LAKES, FL 33016 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:** YOSMAR ARIAS

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM, PRESIDENT, DIRECTOR  
Name LEAL SALGUERO, JOHAN E  
Address 3438 W 104TH TER  
City-State-Zip: HIALEAH FL 33018

*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:** LEAL SALGUERO , JOHAN , E.

PRESIDENT

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date