### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000127098

Entity Name: UNITED INSURANCE ASSOCIATES LLC

ty Name: United insurance associates Li

# **Current Principal Place of Business:**

5401 S KIRKMAN RD SUITE 310B ORLANDO, FL 32819

## **Current Mailing Address:**

5401 S KIRKMAN RD SUITE 310B ORLANDO, FL 32819 US

FEI Number: 81-3222719 Certificate of Status Desired: No

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

PAZOS, CARLOS 5401 S KIRKMAN RD SUITE 310B ORLANDO, FL 32819 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 Mar 26, 2024

**Secretary of State** 

8186176356CC

#### Authorized Person(s) Detail:

Title MGRM

Name PAZOS, CARLOS Address 5401 S KIRKMAN RD

SUITE 310B

City-State-Zip: ORLANDO FL 32819

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: CARLOS PAZOS MGRM 03/26/2024