that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ORDAZ, NELSON NELSON ORDAZ

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000165592

Entity Name: N&Y INSURANCE LLC

Current Principal Place of Business:

1550 W 84TH STREET SUITE 17 HIALEAH, FL 33014

Current Mailing Address:

1550 W 84TH STREET SUITE 17 HIALEAH, FL 33014

FEI Number: 81-3804027

Name and Address of Current Registered Agent:

ORDAZ, NELSON 1550 W 84TH STREET SUITE 17 HIALEAH, FL 33014 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	: NELSON ORDAZ			01/27/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ORDAZ, NELSON	Name	NOVO, YANEY	
Address	1550 W 84TH STREET SUITE 17	Address	1550 W 84TH STREET SUITE 17	
City-State-Zip:	HIALEAH FL 33014	City-State-Zip:	HIALEAH FL 33014	

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

Certificate of Status Desired: No

01/27/2024

Date

FILED Jan 27, 2024 Secretary of State 2015172044CC