

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185087

**Entity Name:** J & A INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

7 E. SILVER SPRINGS BLVD STE 203  
OCALA, FL 34470

**Current Mailing Address:**

7 E. SILVER SPRINGS BLVD  
OCALA, FL 34470 US

**FEI Number:** 81-4083830

**Certificate of Status Desired:** Yes

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

GARCIA, JACQUELINE  
7 E. SILVER SPRINGS BLVD  
203  
OCALA, FL 34470 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: JACQUELINE GARCIA

01/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRES, AP	Title	MGR
Name	GARCIA, JACQUELINE	Name	DOMINGUEZ, VALERIE
Address	7 E. SILVER SPRINGS BLVD SUITE 203	Address	7 E. SILVER SPRINGS BLVD 203
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470

*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: JACQUELINE GARCIA

PRESIDENT

01/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date