

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000006426

Entity Name: LA INSURANCE FAMILY L.L.C

Current Principal Place of Business:

4410 W HILLSBOROUGH AVE.
SUITE-M
TAMPA, FL 33614

Current Mailing Address:

8635 W. HILLSBOROUGH AVE,
SUITE - 335
TAMPA, 33615 UN

FEI Number: 82-1462782

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALVAREZ, LUZ D
8635 W HILLSBOROUGH AVE STE 335
TAMPA, FL 33615 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

Authorized Person(s) Detail :

Title MANAGER
Name ALVAREZ, LUZ D
Address 8635 W HILLSBOROUGH AVE STE 335
City-State-Zip: TAMPA FL 33615

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: LUZ D ALVAREZ

OWNER

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date