

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000007151

**Entity Name:** MONTERROZA INSURANCE SERVICES LLC

**Current Principal Place of Business:**

3801 AVALON PARK EAST BLVD  
2 FLOOR SUITE 200  
ORLANDO, FL 32828

**Current Mailing Address:**

10524 MOSS PARK RD, STE 204  
PMB #513  
ORLANDO, FL 32832 US

**FEI Number:** 99-1352606

**Certificate of Status Desired:** Yes

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

MONTERROZA, IRMA L  
10524 MOSS PARK RD, STE 204  
PMB #513  
ORLANDO, FL 32832 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:** IRMA L MONTERROZA

03/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER, MANAGER  
Name MONTERROZA, IRMA  
Address 10524 MOSS PARK RD, STE 204  
PMB #513  
City-State-Zip: ORLANDO FL 32832

Title MBR  
Name GARCIA GUZMAN, AVIDAN  
Address 2163 RIVERTREE CR  
APT 101  
City-State-Zip: ORLANDO FL 32839

Title MBR  
Name SORIANO SOTO, NATALIA  
Address 2163 RIVERTREE CR  
APT 101  
City-State-Zip: ORLANDO FL 32839

*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:** IRMA L MONTERROZA

MANAGER

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date