

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000227254

**Entity Name:** FLORIDA EMPIRE INSURANCE LLC

**Current Principal Place of Business:**

2950 W 84 ST  
STE 9  
HIALEAH, FL 33018

**Current Mailing Address:**

2950 W 84 ST  
STE 9  
HIALEAH, FL 33018 US

**FEI Number:** 87-3451600

**Certificate of Status Desired:** No

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

ARAUJO, SHERLEY  
2950 W 84 ST  
9  
HIALEAH, FL 33018 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:** SHERLEY ARAUJO

01/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ARAUJO, SHERLEY  
Address        2950 W 84 ST  
                  9  
City-State-Zip: HIALEAH FL 33018

*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:** SHERLEY ARAUJO

PRESIDENT

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date