

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000007375

Entity Name: RIM INSURANCE, LLC**Current Principal Place of Business:**129 LANCASTER RD
BOYNTON BEACH, FL 33426**Current Mailing Address:**129 LANCASTER RD.
BOYNTON BEACH, FL 33426 US**FEI Number:** 82-4006582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICOCCI, ROSA I
129 LANCASTER RD
BOYNTON BEACH, FL 33426 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	AMBR
Name	MICOCCI, ROSA I
Address	129 LANCASTER RD
City-State-Zip:	BOYNTON BEACH FL 33426

Title	MGR
Name	MICOCCI, MARCO
Address	129 LANCASTER RD
City-State-Zip:	BOYNTON BEACH FL 33426

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: ROSA I. MICOCCI

AMBR

02/23/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date