

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000250223

Entity Name: VALDIVIA INSURANCE LLC

Current Principal Place of Business:

3813 WEST FLAGLER ST
MIAMI, FL 33134

Current Mailing Address:

7251 SW 23 ST
MIAMI, FL 33155 US

FEI Number: 83-2348617

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALDES, ANAID
3813 WEST FLAGLER ST
MIAMI, FL 33134 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	MGR	Title	MGR
Name	ANAID, VALDES	Name	SIMERI, SALVATORE
Address	7251 SW 23 ST	Address	7251 SW 23 ST
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: ANAID VALDES

OWNER

02/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date