

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000139122

Entity Name: 7 DAYS INSURANCE LLC

Current Principal Place of Business:

13362 SW 282 ST
HOMESTEAD, FL 33033

Current Mailing Address:

13362 SW 282 ST
HOMESTEAD, FL 33033 US

FEI Number: 84-1865999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA GARCIA, LAURA
13362 SW 282 ST
HOMESTEAD, FL 33033 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 P
Name GARCIA GARCIA, LAURA
Address 13362 SW 282 ST
City-State-Zip: HOMESTEAD FL 33033

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: LAURA GARCIA GARCIA

PRESIDENT

06/24/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date