

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000144007

Entity Name: BPSINSURANCE LLC

Current Principal Place of Business:

17000 NORTH BAY ROAD
APT 902
SUNNY ISLES, FL 33160

Current Mailing Address:

17000 NORTH BAY ROAD
APT 902
SUNNY ISLES, FL 33160 US

FEI Number: 84-3511535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARIAS CONSULTING & SERVICES CORP
10505 NW 37TH TERRACE
DORAL, FL 33178 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	Title	SALES MANAGER
Name	FLORES ACEVEDO, BELEN	Name	FLORES, LUIS E
Address	17000 NORTH BAY ROAD APT 902	Address	17000 NORTH BAY ROAD APT 902
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	SUNNY ISLES FL 33160

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: FLORES ACEVEDO BELEN

P

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date