

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000271773

Entity Name: VALE INSURANCE LLC

Current Principal Place of Business:

10609 FAIRHAVEN WAY
ORLANDO, FL 32825

Current Mailing Address:

6560 COBBLE BLISS ST
ZEPHYRHILLS, FL 33541 US

FEI Number: 84-3685810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAILA, YAPOR
6560 COBBLE BLISS ST
ZEPHYRHILLS, FL 33541 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: LAILA YAPOR

04/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	VALENCIA, DANIEL	Name	YAPOR, LAILA M
Address	10609 FAIRHAVEN WAY	Address	10609 FAIRHAVEN WAY
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

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: LAILA YAPOR

CO-OWNER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date