

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000017188

Entity Name: QUIRA INSURANCE LLC

Current Principal Place of Business:

7030 NW 179 ST
APT 204
HIALEAH, FL 33015

Current Mailing Address:

7030 NW 179 ST
APT 204
HIALEAH, FL 33015 US

FEI Number: 84-4227855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIRANTES, RAZIEL
7030 NW 179 ST
APT 204
HIALEAH, FL 33015 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 QUIRANTEZ, RAZIEL
Address 7030 NW 179 ST
APT 204
City-State-Zip: HIALEAH FL 33015

Title VP
Name RODRIGUEZ, OCTAVIO
Address 19592 NW 82ND PL
City-State-Zip: HIALEAH FL 33015

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: RAZIEL QUIRANTEZ

MGR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date