

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000017188

**Entity Name:** QUIRA INSURANCE LLC

**Current Principal Place of Business:**

7140 NW 179 ST  
UNIT # 205  
MIAMI, FL 33015

**Current Mailing Address:**

7140 NW 179 ST  
UNIT # 205  
MIAMI, FL 33015 US

**FEI Number:** 84-4227855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUIRANTES, RAZIEL  
7140 NW 179 ST  
UNIT # 205  
MIAMI, 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	Title	VP
Name	QUIRANTEZ, RAZIEL	Name	RODRIGUEZ, OCTAVIO
Address	7140 NW 179 ST UNIT # 205	Address	7140 NW 179 ST UNIT # 205
City-State-Zip:	MIAMI FL 33015	City-State-Zip:	MIAMI 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:** OCTAVIO RODRIGUEZ

**PRESIDENT**

**03/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date