

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000150562

**Entity Name:** MIO Y TUYO INSURANCE LLC

**Current Principal Place of Business:**

11890 SW 8TH ST  
SUITE 509  
MIAMI, FL 33184

**Current Mailing Address:**

11890 SW 8TH ST  
SUITE 509  
MIAMI, FL 33184 US

**FEI Number:** 85-1346286

**Certificate of Status Desired:** No

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

VALDEZ, YUSLEIDY BOZA  
11890 SW 8TH ST  
SUITE 509  
MIAMI, FL 33184 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:** YUSLEIDY BOZA VALDEZ

04/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BOZA VALDEZ, YUSLEIDY  
Address        21245 SW 123 RD CT  
City-State-Zip: MIAMI FL 33177

*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:** YUSLEIDY BOZA VALDEZ

MANAGER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date