

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000181261

Entity Name: VICTOR RAMOS INSURANCE GROUP LLC

Current Principal Place of Business:

4681 NW 84TH AVE
DORAL, FL 33166

Current Mailing Address:

4681 NW 84TH AVE
DORAL, FL 33166 US

FEI Number: 85-1868573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, VICTOR
4675 NW 84TH AVE
DORAL, FL 33166 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	RAMOS, VICTOR	Name	ACUNA, MARLEEN
Address	4681 NW 84TH AVE	Address	4681 NW 84TH AVE
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

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: VICTOR RAMOS

AUTHORIZED MEMBER

04/27/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date