

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000267795

**Entity Name:** DECA INSURANCE LLC

**Current Principal Place of Business:**

6965 PIAZZA GRANDE AVE  
STE 210-6  
ORLANDO, FL 32835

**Current Mailing Address:**

1956 PORTCASTLE CIR  
WINTER GARDEN, FL 34787 US

**FEI Number:** 85-2938654

**Certificate of Status Desired:** No

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

ASCENT ACCOUNTING GROUP  
7345 WEST SAND LAKE ROAD  
STE 209  
ORLANDO, FL 32819 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:** FELIPE MARDAKIS

03/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MELO GONCALVES, EDUARDO  
Address 1956 PORTCASTLE CIR  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name LIMA GONCALCES, MICHELY S  
Address 1956 PORTCASTLE CIR  
City-State-Zip: WINTER GARDEN FL 34787

*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:** EDUARDO MELO GONCALVES

AMBR

03/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date