

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000280067

Entity Name: ALL IN ONE INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

10691 N KENDALL DR
301
MIAMI, FL 33176

Current Mailing Address:

10691 N KENDALL DR
301
MIAMI, FL 33176 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, LEYANIS
10691 N KENDALL DR
301
MIAMI, FL 33176 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 MGR
Name CARRILLO, ERNESTO
Address 10691 N KENDALL DR
301
City-State-Zip: MIAMI FL 33176

Title MGR
Name TORRES, LEYANIS
Address 10691 N KENDALL DR
SUITE 301
City-State-Zip: MIAMI FL 33176

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: LEYANIS TORRES

MGR

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date