

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000300866

Entity Name: MEDI INSURANCE AGENCY LLC

Current Principal Place of Business:

19805 SW 114 AVE
319
MIAMI, FL 33157

Current Mailing Address:

19805 SW 114 AVE
319
MIAMI, FL 33157

FEI Number: 85-3358025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSALES, LIDICE
19805 SW 114 AVE
319
MIAMI, FL 33157 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 ROSALES, LIDICE
Address 19805 SW 114 AVE #319
City-State-Zip: MIAMI FL 33157

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: LIDICE ROSALES

MGR

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date