

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000349951

**Entity Name:** SGA INSURANCE GROUP, LLC

**Current Principal Place of Business:**

6941 SW 196 AVE  
SUITE# 11  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

5453 SW 186TH WAY  
MIRAMAR, FL 33029 US

**FEI Number:** 85-3948244

**Certificate of Status Desired:** No

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

MELENDEZ VEGA LLC  
7500 NW 25TH STREET  
SUITE 105  
MIAMI, FL 33122 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            AMBR  
Name            SANCHEZ, SAUL G  
Address        5453 SW 186TH WAY  
City-State-Zip: MIRAMAR FL 33029

*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:** SAUL SANCHEZ

02/06/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date