

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000389656

Entity Name: ALMONTE INSURANCE AGENCY LLC

Current Principal Place of Business:

1814 SUNDANCE CHASE RD
MINNEOLA, FL 34715

Current Mailing Address:

1814 SUNDANCE CHASE RD
MINNEOLA, FL 34715 US

FEI Number: 86-2824924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMONTE, RITA V
1814 SUNDANCE CHASE ROAD
MINNEOLA, FL 34715 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: RITA ALMONTE

02/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMB
Name ALMONTE, GERARDO
Address 222 CRABTREE AVE
City-State-Zip: ORLANDO FL 32835

Title AMB
Name FIGUEROA, JUAN RAFAEL
Address 222 CRABTREE AVE
City-State-Zip: ORLANDO FL 32835

Title PRESIDENT
Name CEVIZ ALMONTE, RITA VERONICA
Address 1814 SUNDANCE CHASE ROAD
City-State-Zip: MINNEOLA FL 34715

Title MANAGER
Name MACHUCA, STEPHANIE VERONICA
Address 222 CRABTREE AVE
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name CEVIZ, MUZAFFER
Address 1814 SUNDANCE CHASE RD
City-State-Zip: MINNEOLA FL 34715

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: RITA CEVIZ ALMONTE

PRESIDENT

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date