2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
4991097060CC

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Entity Name: TRIPLE 'R' INSURANCE LLC

Current Principal Place of Business:

618 SAXONY M WEST
DELRAY BEACH, FL 33446

Current Mailing Address:

POB 7952
DELRAY BEACH, FL 33482 US

FEI Number: 90-2635069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMDEEN, RABINDRANATH
618 SAXONY M WEST
DELRAY BEACH, FL 33446 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	MANAGER
Name	RAMDEEN, RABINDRANATH
Address	618 SAXONY M
City-State-Zip:	DELRAY BEACH FL 33446

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: RABINDRANATH RAMDEEN MGR 04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date