

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000161026

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: 86-3295338

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

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date