

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000164747

**Entity Name:** TREMENDO INSURANCE, LLC

**Current Principal Place of Business:**

8200 NW 41ST ST  
200  
DORAL, FL 33166

**Current Mailing Address:**

8200 NW 41ST ST  
200  
DORAL, FL 33166 US

**FEI Number:** 86-3333079

**Certificate of Status Desired:** No

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

GARCIA, DAVID  
8200 NW 41ST ST  
200  
DORAL, FL 33166 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	CEO	Title	VP
Name	GARCIA, DAVID	Name	GARCIA, MARIA
Address	8200 NW 41ST ST 200	Address	8200 NW 41ST ST 200
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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:** DAVID GARCIA

CEO

03/23/2024

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

\_\_\_\_\_  
Date