

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000191252

**Entity Name:** BELTRAN N INSURANCE LLC

**Current Principal Place of Business:**

9615 NW 1ST CT  
#204  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9615 NW 1ST CT  
#204  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 87-0821337

**Certificate of Status Desired:** No

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

BELTRAN, NATALIA  
9615 NW 1ST CT  
#204  
PEMBROKE PINES, FL 33024 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	PDT	Title	VP
Name	BELTRAN, NATALIA	Name	CHUIT, J FRANCISCO
Address	9615 NW 1ST CT	Address	9615 NW 1ST CT
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

*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:** NATALIA BELTRAN

PDT

03/06/2023

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

\_\_\_\_\_  
Date