

2024 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: BELTRAN, NATALIA

MANAGER

02/11/2024

Electronic Signature of Signing Authorized Person(s) Detail Date