

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000214476

**Entity Name:** MAJOR LEAGUE INSURANCE LLC

**Current Principal Place of Business:**

800 SE 4TH AVE  
UNIT 820  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

800 SE 4TH AVE  
UNIT 820  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 87-1299592

**Certificate of Status Desired:** No

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

BRUMER, JONATHAN  
800 SE 4TH AVE  
UNIT 820  
HALLANDALE BEACH, FL 33009 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 AMBR  
Name NIETO SUAREZ, GABRIEL  
Address 800 SE 4TH AVE UNIT 820  
City-State-Zip: HALLANDALE BEACH FL 33009

Title AMBR  
Name BRUMER, JONATHAN  
Address 800 SE 4TH AVE, UNIT 820  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** GABRIEL NIETO SUAREZ

**MEMBER**

**03/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date