e and Ado	dress of Current Registered Agent:
NO, ALEJANI N UNIVERSI ERHILL, FL	TY DR
oove named er	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor
NATURE:	ALEJANDRA LADINO
	Electronic Signature of Registered Agent

## **Current Mailing Address:**

**Current Principal Place of Business:** 

4950 WOODLANDS BLVD TAMARAC, FL 33319

4950 WOODLANDS BLVD TAMARAC, FL 33319

DOCUMENT# L21000252175

### FEI Number: 61-1998049

#### Name

Entity Name: JL INSURANCE CONSULTING LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

LADING 4838 N LAUDE

SIGN

The abo orida.

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	LONDONO, EDGAR F	Name	ROCHA, ANGELICA M
Address	4950 WOODLANDS BLVD	Address	4950 WOODLANDS BLVD
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319

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: EDGAR F LONDONO

AMBR

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

04/30/2022 Date

Date

# Certificate of Status Desired: No