

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000349398

Entity Name: GARCELL INSURANCE LLC

Current Principal Place of Business:

702 PALM AVE
HIALEAH, FL 33010

Current Mailing Address:

702 PALM AVE
HIALEAH, FL 33010 US

FEI Number: 87-1987865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCELL FONSECA, LISET
400 SW 30TH AVE
MIAMI, FL 33135 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 GARCELL FONSECA, LISET
Address 400 SW 30TH AVE
City-State-Zip: MIAMI FL 33135

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: LISET GARCELL FONSECA

AMBR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date