

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000385105

Entity Name: BETA RIVAS INSURANCE LLC

Current Principal Place of Business:

10652 SW 186 ST
CUTLER BAY, FL 33157

Current Mailing Address:

25260 SW 125 CT
HOMESTEAD, FL 33032

FEI Number: 87-2396432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETALLELUZ, JACKELYN
2560 SW 125 CT
HOMESTEAD, FL 33032 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	P	Title	P
Name	BETALLELUZ, JACKELYN	Name	RIVAS, MICHEL
Address	25260 SW 125 CT	Address	25260 SW 125 CT
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032

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: JACKELYN BETALLELUZ

PRESIDENT

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date