

**2024 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:**

10652 SW 186 ST  
CUTLER BAY , FL 33157 US

**FEI Number: 87-2396432**

**Certificate of Status Desired: No**

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

BETALLELUZ, JACKELYN  
10652 SW 186 ST  
CUTLER BAY , FL 33157 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 MGR  
Name BETALLELUZ, JACKELYN  
Address 10652 SW 186 ST  
City-State-Zip: CUTLER BAY FL 33157

Title MGR  
Name RIVAS, MICHEL  
Address 10652 SW 186 ST  
City-State-Zip: CUTLER BAY FL 33157

*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**

**01/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date