

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000420057

**Entity Name:** SEGUROS VORAUS LLC

**Current Principal Place of Business:**

111 E MONUMENT AVE  
SUITE 307  
KISSIMMEE, FL 34741

**Current Mailing Address:**

111 E MONUMENT AVE  
SUITE 307  
KISSIMMEE, FL 34741 US

**FEI Number:** 87-2955757

**Certificate of Status Desired:** No

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

VORAUS S&O LLC  
111 E MONUMENT AVE  
SUITE 307  
KISSIMMEE, FL 34741 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 OLIVAR VILLEGAS, ELSY C  
Address 1726 SUNFISH ST  
City-State-Zip: SAINT CLOUD FL 34771

Title AMBR  
Name OLIVAR VILLEGAS, ELSY C  
Address 1726 SUNFISH ST  
City-State-Zip: SAINT CLOUD FL 34771

Title AMBR  
Name DELGADO, ARIANA  
Address 16532 CENTIPEDE ST.  
City-State-Zip: CLERMONT FL 34714

*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:** OLIVAR VILLEGAS , ELSY C

AMBR

03/22/2024

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

\_\_\_\_\_  
Date