

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000486078

**Entity Name:** RAFA INSURANCE GROUP LLC

**Current Principal Place of Business:**

1518 EAST 4TH AVENUE  
HIALEAH, FL 33010

**Current Mailing Address:**

1518 EAST 4TH AVENUE  
HIALEAH, FL 33010 US

**FEI Number:** 87-3575049

**Certificate of Status Desired:** No

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

ABRIL, DANAISE Y  
11215 SW 203RD TERRACE  
MIAMI, FL 33189 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  
Name ABRIL, DANAISE Y  
Address 11215 SW 203RD TERRACE  
City-State-Zip: MIAMI FL 33189

*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:** DANAISE ABRIL

**PRESIDENT**

**03/08/2024**

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

\_\_\_\_\_  
Date