

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000063826

**Entity Name:** LASTRE INSURANCE LLC

**Current Principal Place of Business:**

10665 SW 6 ST  
MIAMI, FL 33174

**Current Mailing Address:**

10665 SW 6 ST  
MIAMI, FL 33174 US

**FEI Number: 88-0758548**

**Certificate of Status Desired: No**

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

LASTRE, ADRIANA  
10665 SW 6 ST  
MIAMI, FL 33174 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 LASTRE, ADRIANA  
Address 10665 SW 6 ST  
City-State-Zip: MIAMI FL 33174

*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: LASTRE, ADRIANA**

**ADRIANA LASTRE**

**01/26/2024**

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

\_\_\_\_\_  
Date