

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000146308

**Entity Name:** T LINARES INSURANCE LLC

**Current Principal Place of Business:**

10634 SW 123RD CT  
MIAMI, FL 33186

**Current Mailing Address:**

10634 SW 123RD CT  
MIAMI, FL 33186 US

**FEI Number:** 88-1885987

**Certificate of Status Desired:** No

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

LINARES GARCIA, TANIA  
10634 SW 123RD CT  
MIAMI, FL 33186 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 AMBR  
Name LINARES GARCIA, TANIA  
Address 10634 SW 123RD CT  
City-State-Zip: MIAMI FL 33186

*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:** TANIA LINARES GARCIA

AMBR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date