

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000149935

**Entity Name:** DEVI INSURANCE LLC

**Current Principal Place of Business:**

26037 SOUTH DIXIE HWY  
NARANJA, FL 33032

**Current Mailing Address:**

17720 SW 107TH AVE  
103  
MIAMI, FL 33157 US

**FEI Number:** 88-1751591

**Certificate of Status Desired:** No

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

DE VICENTE, LEYDIS A  
17720 SW 107 AVE  
103  
MIAMI, 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 AMBR  
Name DE VICENTE, LEYDIS A  
Address 17720 SW 107 AVE APT 103  
City-State-Zip: MIAMI 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:** LEYDIS DE VICENTE

**OWNER**

**01/13/2023**

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

\_\_\_\_\_  
Date