

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000289915

Entity Name: MY INSURANCE ADVISORS LLC

Current Principal Place of Business:

17850 SW 34TH CT
MIRAMAR, FL 33029

Current Mailing Address:

17850 SW 34TH CT
MIRAMAR, FL 33029 UN

FEI Number: 88-3040422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL PINO, SARAH L
17850 SW 34TH CT
MIRAMAR, FL 33029 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 DEL PINO, SARAH L
Address 17850 SW 34TH CT
City-State-Zip: MIRAMAR FL 33029-1670

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: SARAH L DEL PINO

PRESIDENT

03/07/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date