

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000322688

Entity Name: BEST RATE INSURANCE, LLC

Current Principal Place of Business:

4483 NW 36TH ST
SUITE 115
MIAMI SPRINGS, FL 33166

Current Mailing Address:

4483 NW 36TH ST
SUITE 115
MIAMI SPRINGS, FL 33166 US

FEI Number: 38-4235381

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERA, ALEJANDRO
73 WHITETHORN DR
MIAMI SPRINGS, FL 33166 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: ALEJANDRO ERA

02/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ERA, ALEJANDRO
Address 73 WHITETHORN DR
City-State-Zip: MIAMI SPRINGS FL 33166

Title MGRM
Name ULPIZ, GREGORY M
Address 81 WHITETHORN DR
City-State-Zip: MIAMI SPRINGS FL 33166

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: ALEJANDRO ERA

MNG MEMBER

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date