

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000336730

**Entity Name:** NUSURE INSURANCE GROUP LLC

**Current Principal Place of Business:**

9425 SUNSET DRIVE, SUITE 142-A  
MIAMI, FL 33173

**Current Mailing Address:**

9425 SUNSET DRIVE, SUITE 142-A  
MIAMI, FL 33173 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MIAMI LEGAL, P.A.  
300 SOUTH ARAGON AVENUE, SUITE 310  
CORAL GABLES, FL 33134 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 RODOLFO HERNANDEZ  
Address 8300 NW 53RD STREET SUITE 400  
City-State-Zip: DORAL FL 33166

Title MGR  
Name MICHAEL J. ALVAREZ  
Address 9725 SW 81ST STREET  
City-State-Zip: MIAMI FL 33173

*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:** RODOLFO HERNANDEZ

**MANAGER**

**02/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date