2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2024
Secretary of State
9077426843CC

DOCUMENT# L22000344169

Entity Name: CAROLINA MARTINEZ INSURANCE LLC

Current Principal Place of Business:

486 DISA DRIVE
DAVENPORT, FL 33837

Current Mailing Address:

486 DISA DRIVE
DAVENPORT, FL 33837

FEI Number: 88-3606861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, CAROLINA
486 DISA DRIVE
DAVENPORT, FL 33837 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	MARTINEZ, COROMOTO C
Address	486 DISA DRIVE
City-State-Zip:	DAVENPORT FL 33837

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: COROMOTO C MARTINEZ AMBR 04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date