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: NOEL	VEITIA

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000390698

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: YOUR AUTO INSURANCE GROUP LLC

Current Principal Place of Business:

11180 W FLAGLER ST SUITE 17 MIAMI, FL 33174

Current Mailing Address:

11180 W FLAGLER ST SUITE 17 MIAMI, FL 33174 US

FEI Number: 92-0295536

Name and Address of Current Registered Agent:

VEITIA, NOEL 780 NW 42ND AVE SUITE 324 MIAMI, FL 33126 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	VEITIA, NOEL	Name	GONZALEZ, CARLOS I
Address	780 NW 42ND AVE SUITE 324	Address	2010 SW 125 CT
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33175

FILED Feb 13, 2024 Secretary of State 0852415203CC

Certificate of Status Desired: No

Date

Date

AMBR

02/13/2024