

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000465211

Entity Name: SRM INSURANCE AGENCY, LLC

Current Principal Place of Business:

8234 NW 48TH TERRACE
DORAL, FL 33166

Current Mailing Address:

8234 NW 48TH TERRACE
DORAL, FL 33166 US

FEI Number: 36-5042809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOWNTOWN ACCOUNTING MIAMI
255 W FLAGLER ST ATE 101
MIAMI, FL 33131 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 ZULMA ISABEL REY MENDOZA
Address 8234 NW 48TH TERRACE
City-State-Zip: DORAL FL 33166

Title AMBR
Name GLADYS BEATRIZ REY MENDOZA
Address 8234 NW 48TH TERRACE
City-State-Zip: DORAL FL 33166

Title AMBR
Name ORTIZ ALZATE, JUAN ALBERTO
Address 8234 NW 48TH TERRACE
City-State-Zip: DORAL 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: ZULMA ISABEL REY MENDOZA

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date