

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000491776

**Entity Name:** AMSURE4U YOUR INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

8418 KARWICK STREET  
ORLANDO, FL 32836

**Current Mailing Address:**

8418 KARWICK STREET  
ORLANDO, FL 32836 US

**FEI Number:** 92-1116256

**Certificate of Status Desired:** No

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

BT7 PARTNERS TAX COMPLIANCE SERVICES LLC  
7680 UNIVERSAL BLVD  
SUITE 380  
ORLANDO, FL 32819 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 SIZENANDO SILVA, FERNANDO LUIZ  
Address 8418 KARWICK STREET  
City-State-Zip: ORLANDO FL 32836

Title AMBR  
Name RESENDE VIANA, GUTEMBERG  
Address 190 2ND STREET  
City-State-Zip: BONITA SPRINGS FL 34134

Title AMBR  
Name NOGUEIRA DE SOUZA, DANIEL  
Address 1998 HOVENWEEP RD  
City-State-Zip: WESLEY CHAPEL FL 33543

*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:** FERNANDO LUIZ SIZENANDO SILVA

AMBR

07/14/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date