

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000076527

Entity Name: NAVARRETE INSURANCE ADVISORY LLC

Current Principal Place of Business:

1111 SE FEDERAL HWY
STE 319
STUART, FL 34994

Current Mailing Address:

573 SW FAIRWAY AVE
PORT ST LUCIE, FL 34983

FEI Number: 92-2544194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAVARRETE CERVANTES, FABRICIO A
573 SW FAIRWAY AVE
PORT ST LUCIE, FL 34983 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 NAVARRETE CERVANTES, FABRICIO
Address 573 SW FAIRWAY AVE
City-State-Zip: PORT ST LUCIE FL 34983

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: FABRICIO NAVARRETE CERVANTES

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date