

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000121558

**Entity Name:** GIRON INSURANCE LLC

**Current Principal Place of Business:**

16175 GOLF CLUB ROAD  
APT 306  
WESTON, FL 33326

**Current Mailing Address:**

16175 GOLF CLUB ROAD,  
APT 306  
WESTON, FL 33326 UN

**FEI Number:** 92-2969206

**Certificate of Status Desired:** No

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

GIRON, IRVIN  
16175 GOLF CLUB ROAD,  
APT 306  
WESTON, FL 33326 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            CASSELLA, GABRIELLA  
Address        1439 CAPRI LN # 5704  
City-State-Zip: WESTON FL 33326

Title            MGR  
Name            GIRON, IRVIN SR  
Address        16175 GOLF CLUB ROAD, APT 306  
City-State-Zip: WESTON FL 33326

Title            MGR  
Name            GIRON, LUIS SR  
Address        1439 CAPRI LN # 5704  
City-State-Zip: WESTON FL 33326

Title            MGR  
Name            GIRON, MARY L  
Address        16175 GOLF CLUB ROAD  
City-State-Zip: WESTON FL 33326

*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:** IRVIN GIRON

**MGR**

**02/01/2024**

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

\_\_\_\_\_  
Date