

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000258481

**Entity Name:** SECURE SOLUTIONS INSURANCE LLC

**Current Principal Place of Business:**

790 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172

**Current Mailing Address:**

790 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172

**FEI Number:** 93-2029536

**Certificate of Status Desired:** No

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

ALVAREZ, KARINA  
790 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172 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            CEO  
Name            ALVAREZ, KARINA  
Address        18255 NW 73 AVE APT 208  
City-State-Zip: HIALEAH FL 33015

Title            MGR  
Name            SANCHEZ, LOURDES  
Address        2393 W 72 PL  
City-State-Zip: HIALEAH FL 33016

Title            MGR  
Name            ARCIA, ANA M  
Address        9041 NW 115 ST  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** ANA ARCIA

**MGR**

**03/30/2024**

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

\_\_\_\_\_  
Date