

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000326882

Entity Name: INNOVA INSURANCE SERVICES LLC

Current Principal Place of Business:

5802 HOFFNER AVE
SUITE 707
ORLANDO, FL 32822

Current Mailing Address:

5802 HOFFNER AVE
SUITE 707
ORLANDO, FL 32822 US

FEI Number: 93-2331507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARGUDO, DANNY X
5802 HOFFNER AVE
SUITE 707
ORLANDO, FL 32822 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 ARGUDO, DANNY X
Address 5802 HOFFNER AVE, SUITE 707
City-State-Zip: ORLANDO 32822

Title AMBR
Name GOMEZ , ANA
Address 5802 HOFFNER AVE, SUITE 707
City-State-Zip: ORLANDO FL 32822

Title AMBR
Name HANCHI, JOSE
Address 6398 TRAILBLAZE BND
City-State-Zip: ST CLOUD FL 34771

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: JOSE HANCHI

AMBR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date