

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000404056

Entity Name: ALLSQUAD INSURANCE LLC

Current Principal Place of Business:

1756 N BAYSHORE DR
APT 15J
MIAMI, AL 33132

Current Mailing Address:

1756 N BAYSHORE DR
SUITE 15J
MIAMI, AL 33132 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRERO AVILA, ROSE
1756 N BAYSHORE DR
SUITE 15J
MIAMI, FL 33132 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 MARRERO AVILA, ROSE
Address 1756 N BAYSHORE DR SUITE 15J
City-State-Zip: MIAMI FL 33132

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: ROSE MARRERO AVILA

MANAGER

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date