

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000440400

Entity Name: ASEGURATE INSURANCE LLC

Current Principal Place of Business:

12 VISCAYA DR
PALM COAST, FL 32137

Current Mailing Address:

12 VISCAYA DR
PALM COAST, FL 32137 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAROS, JUAN C
12 VISCAYA DR
PALM COAST, FL 32137 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 MGRM
Name CLAROS, JUAN C
Address 12 VISCAYA DR
City-State-Zip: PALM COAST FL 32137

Title MGRM
Name HERRERA, ANA D
Address 20 LYSANDER LANE
City-State-Zip: PALM COAST FL 32137

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: JUAN C CLAROS

MANAGING MEMBER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date