

**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