

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000520116

Entity Name: ASTROPLUS INSURANCE LLC

Current Principal Place of Business:

9300 SW 170TH PATH
APT 7-305
MIAMI, FL 33196

Current Mailing Address:

9300 SW 170TH PATH
APT 7-305
MIAMI, FL 33196 US

FEI Number: 93-4519382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, RODRIGO
9300 SW 170TH PATH
APT 7-305
MIAMI, FL 33196 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 CASTRO, RODRIGO
Address 9300 SW 170TH PATH, APT 7-305
City-State-Zip: MIAMI FL 33196

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: RODRIGO CASTRO

MGRM

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date