

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002732

**Entity Name:** SUNSTATE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1277 TREAT BLVD #1000  
WALNUT CREEK, CA 94597

**Current Mailing Address:**

1277 TREAT BLVD #1000  
WALNUT CREEK, CA 94597 US

**FEI Number:** 46-4799566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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           MANAGER  
Name           AAA ARIZONA INC.  
Address        1277 TREAT BLVD #1000  
City-State-Zip: WALNUT CREEK CA 94597

Title           SECRETARY  
Name           MORELAND, KAMILI  
Address        1277 TREAT BLVD #1000  
City-State-Zip: WALNUT CREEK CA 94597

*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:** KAMILI MORELAND

**SECRETARY**

**04/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date