

L23000006034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

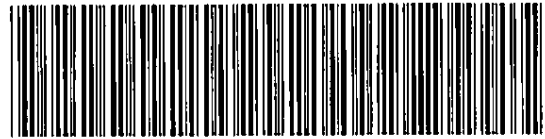
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Amend Authority

JUN 22 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gaitan Insurance Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Armando Gaitan Jr

Name of Person

Gaitan Insurance Solutions LLC

Firm/Company

1547 Town Park Dr

Address

Port Orange, FL 32129

City/State and Zip Code

Armando@GaitanInsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Gaitan Jr

at (386) 527-4738

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Gaitan Insurance Solutions LLC

SECOND: The Florida Document number of the limited liability company is: L23000006034

THIRD: The street address of the limited liability company's principal office is:

1547 Town Park Dr

Port Orange, FL 32129

The mailing address of the limited liability company's principal office is:

PO Box 188

Astor, FL 32102

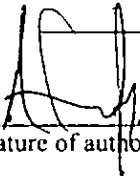
FOURTH: The date the statement of authority became effective is: 1/3/2023

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Armando Gaitan Jr



Signature of authorized representative

Armando Gaitan Jr

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

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