## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000006942

Entity Name: C.E. BECERRA INSURANCE INC.

**Current Principal Place of Business:** 

33744 SILVER PINE DR LEESBURG. FL 34788

**Current Mailing Address:** 

33744 SILVER PINE DR LEESBURG, FL 34788 US

FEI Number: 61-1675872 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECERRA, CINDY E 33744 SILVER PINE DR LEESBURG, FL 34788 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: CINDY E. BECERRA 01/26/2024

Electronic Signature of Registered Agent

Date

FILED Jan 26, 2024

**Secretary of State** 

0925322636CC

Officer/Director Detail:

Title P Title DIR

NameBECERRA, CINDY ENameBECERRA, CINDY E.Address33744 SILVER PINE DRAddress33744 SILVER PINE DRCity-State-Zip:LEESBURG FL 34788City-State-Zip:LEESBURG FL 34788

Title AUTHORIZED REPRESENTATIVE
Name BLOUNT, BRITTANY ELIZABETH

Address 33744 SILVER PINE DR City-State-Zip: LEESBURG FL 34788

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CINDY BECERRA PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

01/26/2024