

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000090712

**Entity Name:** LEIVA INSURANCE SERVICES CORPORATION

**Current Principal Place of Business:**

1839 SW WILSON SPRING ROAD  
FORT WHITE, FL 32038

**Current Mailing Address:**

1839 SW WILSON SPRING ROAD  
FORT WHITE, FL 32038 US

**FEI Number:** 92-1300138

**Certificate of Status Desired:** No

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

LEIVA, TANIA  
1839 SW WILSON SPRING ROAD  
FORT WHITE, FL 32038 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

**Officer/Director Detail :**

Title P  
Name LEIVA, LEIVA  
Address 1839 SW WILSON SPRING ROAD  
City-State-Zip: FORT WHITE FL 32038

Title VP  
Name TRIMINO NODARSE, IVIS L  
Address 1839 SW WILSON SPRING ROAD  
City-State-Zip: FORT WHITE FL 32038

*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:** TANIA LEIVA

**OWNER**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date