

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000056336

Entity Name: LOBAINA INSURANCE AGENCY INC

Current Principal Place of Business:

22539 SW 103 AVE
CUTLER BAY, FL 33190

Current Mailing Address:

8600 NW SOUTH RIVER DR SUITE 209
MEDLEY, FL 33166 US

FEI Number: 93-2679306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX SPECIALISTS OF FLORIDA LLC
8600 NW SOUTH RIVER DR
209
MEDLEY, FL 33166 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 LOBAINA, JOEL
Address 22539 SW 103 AVE
City-State-Zip: CUTLER BAY FL 33190

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: LOBAINA , JOEL

P

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date