

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006646

**Entity Name:** AME INSURANCE / INSURPRO LLC

**Current Principal Place of Business:**

9380 SW 72 ST  
#246  
MIAMI, FL 33173

**Current Mailing Address:**

9380 SW 72 ST  
#246  
MIAMI, FL 33173 US

**FEI Number:** 25-1908772

**Certificate of Status Desired:** No

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

ESPINOSA, ALBERTO MSR  
7506 SW 104 PL  
MIAMI, FL 33173 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 MGRM  
Name ESPINOSA, ALBERTO M SR  
Address 7506 SW 104 PL  
City-State-Zip: MIAMI FL 33173

*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:** ALBERTO M ESPINOSA

MSR

03/07/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date