

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000057630

**Entity Name:** INTERCONTINENTAL INSURANCE & REAL ESTATE INVESTMENT, LLC

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**2457621018CC**

**Current Principal Place of Business:**

2841 N OCEAN BLVD  
STE 1109  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2841 N OCEAN BLVD  
STE 1109  
FORT LAUDERDALE, FL 33308 US

**FEI Number: 82-4715691**

**Certificate of Status Desired: No**

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

RAMOS, ERWIN  
2841 N OCEAN BLVD  
APT 1109  
FORT LAUDERDALE, FL 33308 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            MGR  
Name            RAMOS, ERWIN  
Address        2841 N OCEAN BLVD APT 1109  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            AMBR  
Name            MAIER, BRIAN  
Address        2841 N OCEAN BLVD APT 1109  
City-State-Zip: FORT LAUDERDALE FL 33308

*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: RAMOS, ERWIN**

**MGR**

**01/08/2024**

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

\_\_\_\_\_  
Date