2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
3451307169CC

DOCUMENT# L18000237031

Entity Name: DQ INSURANCE LLC

Current Principal Place of Business:

4937 CASON COVE DR
APT 835
ORLANDO, FL 32811

Current Mailing Address:

4937 CASON COVE DR
APT 835
ORLANDO, FL 32811 US

FEI Number: 83-2262601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, WILDRED
4937 CASON COVE DR
APT 835
ORLANDO, FL 32811 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	Title	MGR
Name	DIAZ, WILDRED	Name	QUINTERO, CARMEN
Address	4937 CASON COVE DR APT 835	Address	4937 CASON COVE DR APT 835
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

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: DIAZ , WILDRED PRESIDENT 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date