

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000034576

Entity Name: CTB INSURANCE LLC

Current Principal Place of Business:

2775 BURRIS RD
UNIT 6A - 4
DAVIE, FL 33314

Current Mailing Address:

2775 BURRIS RD
UNIT 6A - 4
DAVIE, FL 33314 US

FEI Number: 83-3758151

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOBADILLA, CLAUDIA T
2775 BURRIS RD
UNIT 6A - 4
DAVIE, FL 33314 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	AMBR	Title	AMBR
Name	BOBADILLA, CLAUDIA T	Name	ESTIGARRIBIA, OSCAR R
Address	2775 BURRRIS RD UNIT 6A - 4	Address	2775 BURRIS RD UNIT 6A - 4
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

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: ESTIGARRIBIA, OSCAR R

AUTHORIZED MEMBER

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date