

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000158995

**Entity Name:** ALXA INSURANCE LLC

**Current Principal Place of Business:**

212 SILVER REEF LN  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

212 SILVER REEF LN  
ST AUGUSTINE, FL 32095 US

**FEI Number:** 84-2245445

**Certificate of Status Desired:** No

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

FERNANDEZ, DIANED  
212 SILVER REEF LN  
ST AUGUSTINE, FL 32095 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 FERNANDEZ, DIANED  
Address 212 SILVER REEF LN  
City-State-Zip: ST AUGUSTINE FL 32095

Title MANAGER  
Name MARTINEZ LORENZO, JUAN CARLOS  
Address 212 SILVER REEF LN  
City-State-Zip: ST AUGUSTINE FL 32095

*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:** JUAN CARLOS MARTINEZ LORENZO

MANAGER

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date