

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000189963

**Entity Name:** GOLD INSURANCE PROTECTIONS, LLC

**Current Principal Place of Business:**

3414 W 84TH ST  
102  
HIALEAH, FL 33018

**Current Mailing Address:**

3414 W 84TH ST  
102  
HIALEAH, FL 33018 US

**FEI Number:** 84-2624590

**Certificate of Status Desired:** No

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

FREEDOM TAX GROUP OF MIAMI, LLC  
6706 NW 72 AVENUE  
MIAMI, FL 33166 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 ALBORNOZ, ILLINOIS  
Address 3845 W 109 PL  
City-State-Zip: HIALEAH FL 33018

Title MGR  
Name AVILAN, MARBELI  
Address 3845 W 109 PL  
City-State-Zip: HIALEAH FL 33018

*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:** ILLINOIS ALBORNOZ LUNA

**MGR**

**03/19/2025**

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

\_\_\_\_\_  
Date