

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000211911

Entity Name: EDDIE J. TORRES INSURANCE BENEFITS LLC

Current Principal Place of Business:

33 EDENWOOD DR
FREEPORT, FL 32439

Current Mailing Address:

33 EDENWOOD DR
FREEPORT, FL 32439 US

FEI Number: 84-4575134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, EDDIE J
33 EDENWOOD DR
FREEPORT, FL 32439 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	TORRES, KANDACE E	Name	TORRES, RHIANDA SMITH
Address	33 EDENWOOD DR	Address	33 EDENWOOD DR
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439

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: KANDACE TORRES

MGR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date