

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000213484

Entity Name: INSURANCE 4 ALL LLC

Current Principal Place of Business:

15190 SW 136TH ST
B
MIAMI, FL 33196

Current Mailing Address:

P.O.BOX 4643
HIALEAH, FL 33014 US

FEI Number: 85-3766572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORREGO, RENIER
8001 W 6 AVE
APT F
HIALEAH, FL 33014 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 BORREGO, RENIER
Address 8001 W 6TH AVE
APT F
City-State-Zip: HIALEAH FL 33014

Title AMBR
Name BORREGO, RENIER
Address 8001 W 6TH AVE
APT F
City-State-Zip: HIALEAH FL 33014

Title PRESIDENT
Name BORREGO, RENIER
Address 8001 W 6TH AVE
APT F
City-State-Zip: HIALEAH FL 33014

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: RENIER BORREGO

PRESIDENT

03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date