

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000089706

**Entity Name:** MEJIA INSURANCE SERVICES LLC

**Current Principal Place of Business:**

1782 SW ADVANA STREET  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1782 SW ADVANA STREET  
PORT ST. LUCIE, FL 34953

**FEI Number:** 85-0538203

**Certificate of Status Desired:** No

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

MEJIA, ESTEBAN  
1782 SW ADVANA STREET  
PORT ST. LUCIE, FL 34953 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:** ESTEBAN MEJIA

10/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MEJIA, JOSE  
Address 1782 SW ADVANA STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title AMBR  
Name MEJIA, ESTEBAN  
Address 1782 SW ADVANA STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title AMBR  
Name MEJIA, NAYADE  
Address 1782 SW ADVANA STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** NAYADE MEJIA

MANAGER

10/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date