

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000160263

Entity Name: MERAKI INSURANCE, LLC

Current Principal Place of Business:

961 SW 177TH WAY
PEMBROKE PINES, 33029

Current Mailing Address:

961 SW 177TH WAY
PEMBROKE PINES, 33029 UN

FEI Number: 85-1691371

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWE, REYNA D
4286 SHADOW CREEK CIRCLE
OVIEDO, FL 32765 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 FLORES, CRUZ M
Address 961 SW 177TH WAY
City-State-Zip: PEMBROKE PINES 33029

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: CRUZ MARIA FLORES

MGR

04/19/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date