

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000240810

**Entity Name:** DESIREE RAMIREZ INSURANCE LLC

**Current Principal Place of Business:**

9024 WILDFLOWER LN  
KISSIMMEE, FL 34747

**Current Mailing Address:**

9024 WILDFLOWER LN  
KISSIMMEE, FL 34747 US

**FEI Number: 85-2627399**

**Certificate of Status Desired: No**

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

RAMIREZ BRICENO, DESIREE C  
9024 WILDFLOWER LN  
KISSIMMEE, FL 34747 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 RAMIREZ BRICENO, DESIREE C  
Address 9024 WILDFLOWER LN  
City-State-Zip: KISSIMMEE FL 34747

*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: DESIREE RAMIREZ BRICENO**

**PRESIDENT**

**02/17/2023**

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

\_\_\_\_\_  
Date