2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
0220274830CC

DOCUMENT# L20000248589

Entity Name: 1 PLUS 3 INSURANCE LLC

Current Principal Place of Business:

8226 GRIFFIN RD
DAVIE, FL 33328

Current Mailing Address:

8226 GRIFFIN RD
DAVIE, FL 33328 US

FEI Number: 86-3981534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIBERTA FINANCIAL SERVICES
8226 GRIFFIN RD
DAVIE, FL 33328 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: MARIO URGILES 04/25/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	1 PLUS 3 DISTRIBUTORS INC
Address	14359 MIRAMAR PARKWAY 426
City-State-Zip:	MIRAMAR FL 33027

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: 1 PLUS 3 DISTRIBUTORS INC AMBR 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date