

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000279275

Entity Name: FRIENDSHIP INSURANCE, LLC

Current Principal Place of Business:

301 SW 135TH AVE
MIAMI, FL 33184

Current Mailing Address:

301 SW 135TH AVE
MIAMI, FL 33184 US

FEI Number: 85-3121954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, KATY
301 SW 135TH AVE
MIAMI, FL 33184 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 AMBR
Name DIAZ, KATY
Address 301 SW 135TH AVE
City-State-Zip: MIAMI FL 33184

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: KATY DIAZ

AMBR

03/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date