

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000310793

Entity Name: ATRIO INSURANCE FRANCHISE, LLC

Current Principal Place of Business:

999 BRICKELL AVENUE
UNIT 610
MIAMI, FL 33131

Current Mailing Address:

999 BRICKELL AVENUE
UNIT 610
MIAMI, FL 33131 US

FEI Number: 85-3754372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMARO, JUAN
999 BRICKELL AVE.
STE 610
MIAMI, FL 33131 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: JUAN AMARO

03/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CEDENO, RAFAEL
Address 999 BRICKEL AVE SUITE 610
City-State-Zip: MIAMI FL 33131

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: RAFAEL CEDENO

MGR

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date