

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000311114

Entity Name: MLLOPEZ INSURANCE LLC

Current Principal Place of Business:

1424 LONG STREET
LAKELAND, FL 33801

Current Mailing Address:

1424 LONG STREET
LAKELAND, FL 33801

FEI Number: 85-3280628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, MYRA L
1424 LONG STREET
LAKELAND, FL 33801 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 OWNER
Name LOPEZ, MYRA L
Address 1424 LONG STREET
City-State-Zip: LAKELAND FL 33801

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: MYRA LOPEZ

OWNER

02/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date