

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000162315

**Entity Name:** FL ADVANCE INSURANCE LLC

**Current Principal Place of Business:**

11020 SW 88 STREET  
SUITE 200  
MIAMI, FL 33176

**Current Mailing Address:**

11020 SW 88 STREET  
SUITE 200  
MIAMI, FL 33176 US

**FEI Number:** 86-3515260

**Certificate of Status Desired:** No

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

MELANIE, DE ARMAS  
11020 SW 88 STREET  
SUITE 200  
MIAMI, FL 33176 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	CEO	Title	SEC
Name	DE ARMAS, MELANIE	Name	REYES, MICHAEL
Address	11020 SW 88 STREET SUITE 200,	Address	11020 SW 88 STREET, SUITE 200
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** MELANIE DE ARMAS

**CEO**

**07/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date