

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000171652

Entity Name: MANGAR INSURANCE LLC

Current Principal Place of Business:

6337 COUNTY ROAD 579
104
SEFFNER, FL 33584

Current Mailing Address:

P.O BOX 2063
SEFFNER, FL 33583 US

FEI Number: 86-3390929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, WILSON
6337 COUNTY ROAD 579
104
SEFFNER, FL 33584 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: WILSON GARCIA

04/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MANZELLA, GIUSEPPE R
Address 6337 COUNTY ROAD 579
104
City-State-Zip: SEFFNER FL 33584

Title MGR
Name GARCIA, WILSON
Address 6337 COUNTY ROAD 579
104
City-State-Zip: SEFFNER FL 33584

Title MGR
Name GARCIA, ZAVIER
Address 6337 COUNTY ROAD 579
104
City-State-Zip: SEFFNER FL 33584

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: WILSON GARCIA

MGR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date