

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000259495

Entity Name: QUINTEROJIMENEZ INSURANCE LLC

Current Principal Place of Business:

14461 ENGLISH LAVENDER DR
WIMAUMA, FL 33598

Current Mailing Address:

14461 ENGLISH LAVENDER DR
WIMAUMA, FL 33598 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTERO SILVA, ELIBERTO
14461 ENGLISH LAVENDER DR
WIMAUMA, FL 33598 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 MGRM
Name QUINTERO SILVA, ELIBERTO
Address 14461 ENGLISH LAVENDER DR
City-State-Zip: WIMAUMA FL 33598

Title MGRM
Name JIMENEZ HERNANDEZ, ARACELYS MARIA
Address 14461 ENGLISH LAVENDER DR
City-State-Zip: WIMAUMA FL 33598

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: ELIBERTO QUINTERO SILVA

MGRM

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date