## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000259495

Entity Name: JIMENEZ INSURANCE GROUP LLC

**Current Principal Place of Business:** 

2722 W TAMPA BAY BLVD TAMPA. FL 33607

**Current Mailing Address:** 

2722 W TAMPA BAY BLVD TAMPA, FL 33607 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIMENEZ, ARACELYS 2722 W TAMPA BAY BLVD TAMPA, FL 33607 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: ARACELYS JIMENEZ 01/17/2025

Electronic Signature of Registered Agent

Date

FILED Jan 17, 2025

**Secretary of State** 

1150286252CC

Authorized Person(s) Detail:

Title MGRM Title MGR

Name JIMENEZ, ARACELYS M Name QUINTERO JIMENEZ, LAURA V Address 2722 W TAMPA BAY BLVD Address 2722 W TAMPA BAY BLVD

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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.

Electronic Signature of Signing Authorized Person(s) Detail