

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000372970

**Entity Name:** TRAVEL COMPANY INSURANCE LLC

**Current Principal Place of Business:**

1550 W 84 ST  
STE 71  
HIALEAH, FL 33014

**Current Mailing Address:**

1550 W 84 ST  
STE 71  
HIALEAH, FL 33014 US

**FEI Number:** 87-2268534

**Certificate of Status Desired:** Yes

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

L.L.C. TRAVEL.COM, INC  
1550 W 84 ST  
STE 71  
HIALEAH, FL 33014 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 MGR  
Name CARABEO, ORESTEBAN  
Address 1550 W 84 ST, STE 71  
City-State-Zip: HIALEAH FL 33014

Title AP  
Name SANTAMARIA, JANET  
Address 1550 W 84 ST, STE 71  
City-State-Zip: HIALEAH FL 33014

*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:** ORESTEBAN CARABEO

MGR

04/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date