

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000441805

**Entity Name:** BEE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1110 BRICKELL AVE  
SUITE 406  
MIAMI, FL 33131

**Current Mailing Address:**

1110 BRICKELL AVE  
SUITE 406  
MIAMI, FL 33131 US

**FEI Number:** 87-3107688

**Certificate of Status Desired:** No

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

EUL ASSOCIATES LLC  
2333 BRICKELL AVE  
SUITE D1  
MIAMI, FL 33129 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 VILLASMIL, PEDRO F  
Address 1110 BRICKELL AVE SUITE 406  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MARTINEZ, HUMBERTO  
Address 19953 43RD LN  
City-State-Zip: DORAL FL 33178

*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:** PEDRO VILLASMIL

MGR

03/08/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date