

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000456156

**Entity Name:** WEST BRICKELL INSURANCE LLC

**Current Principal Place of Business:**

2350 W FLAGLER ST  
MIAMI, FL 33135

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUITE 501  
CORAL GABLES, FL 33134 US

**FEI Number:** 87-3213745

**Certificate of Status Desired:** No

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

BALOYRA LAW  
201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 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 RAMIREZ, GUILLERMO  
Address 2350 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

*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:** GUILLERMO RAMIREZ

**PRESIDENT**

**02/06/2024**

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

\_\_\_\_\_  
Date