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: BARBARITA GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000500094

Entity Name: TEMIS INSURANCE & SERVICES, LLC

Current Principal Place of Business:

8129 W 36TH AVE APT 6 HIALEAH, FL 33018

Current Mailing Address:

8129 W 36TH AVE APT 6 HIALEAH, FL, FL 33018 MO

FEI Number: 87-4234208

Name and Address of Current Registered Agent:

GONZALEZ, BARBARITA MS 8129 W 36TH AVE APT 6 HIALEAH, FL 33018 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

Authorized Person(s) Detail :			
Title	MGR	Title	AMGR
Name	GONZALEZ, BARBARITA MS	Name	GONZALEZ VALDES, MILDREDA MS
Address	8129 W 36TH AVE, APT 6	Address	8129 W 36TH AVE, APT 6

City-State-Zip: HIALEAH FL 33018 City-State-Zip: HIALEAH FL 33018

FILED Feb 01, 2024 Secretary of State 9871815105CC

Certificate of Status Desired: Yes

MGR

Date