

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000532723

Entity Name: ASSUREAN, LLC

Current Principal Place of Business:

1401 NW 136TH AVE
SUITE 401
SUNRISE, FL 33323

Current Mailing Address:

1401 NW 136TH AVE
SUITE 401
SUNRISE, FL 33323 US

FEI Number: 87-4206310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ INSURANCE GROUP, INC.
12827 EQUESTRIAN TRAIL
DAVIE, FL 33330 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: ERNESTO MARTINEZ

03/15/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MARTINEZ INSURANCE GROUP, INC.	Name	MARTINEZ, MATILDE
Address	12827 EQUESTRIAN TRAIL	Address	16002 NW 83RD CT
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	MIAMI LAKES FL 33016

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: ERNESTO MARTINEZ

MGR

03/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date