2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2024
Secretary of State
4210574484CC

DOCUMENT# L22000066575

Entity Name: GAT INSURANCE LLC

Current Principal Place of Business:

27866 SW 142 AVE
HOMESTEAD, FL 33032

Current Mailing Address:

27866 SW 142 AVE
HOMESTEAD, FL 33032

FEI Number: 88-0784088

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PUGA, JANET
26230 SW 122ND CT
MIAMI, FL 33032 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: JANET PUGA 02/22/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	PUGA, JANET
Address	27866 SW 142 AVE
City-State-Zip:	HOMESTEAD FL 33032

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: JANET PUGA MGR 02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date