

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000135985

Entity Name: TRIPLE A INSURANCE, LLC

Current Principal Place of Business:

8181 NW 36 ST
SUITE 7
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 ST
SUITE 7
DORAL, FL 33166 US

FEI Number: 93-3532130

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LABRADOR, ARMANDO JR.
8181 NW 36 ST
SUITE 7
DORAL, FL 33166 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	Title	AMBR
Name	LABRADOR, ARMANDO JR.	Name	LABRADOR, ARMANDO JR.
Address	8181 NW 36 ST, SUITE 7	Address	8181 NW 36 ST, SUITE 7
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

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: ARMANDO LABRADOR, JR.

AMBR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date