

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000318340

**Entity Name:** VITAL SEGUROS, LIMITED LIABILITY COMPANY, LLC

**Current Principal Place of Business:**

123 S CLYDE AVE  
SUITE 202  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1715 LEE JANZEN DRIVE  
KISSIMMEE, FL 34744 US

**FEI Number:** 88-3346436

**Certificate of Status Desired:** Yes

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

BELLO, THOMAS E SR  
123 S CLYDE AVE  
SUITE 202  
KISSIMMEE, FL 34741 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 BELLO, THOMAS E SR  
Address 1715 LEE JANZEN DRIVE  
City-State-Zip: KISSIMMEE FL 34744

Title MGR  
Name GUZMAN ROSA, DOUGLAS R  
Address 2018 SPRING SHOWER CIRCLE  
City-State-Zip: ST CLOUD FL 34744

*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:** THOMAS E. BELLO

**MANAGER**

**02/20/2025**

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

\_\_\_\_\_  
Date