

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000387764

Entity Name: LA SALUD INSURANCE, LLC.

Current Principal Place of Business:

3611 SW 87 AVE
MIAMI, FL 33165

Current Mailing Address:

9348 SW 146 PL
MIAMI, FL 33186 US

FEI Number: 88-4164470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PADRON, ODALYS
13701 SW 88 ST STE 305
MIAMI, FL 33186 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 AMBR
Name PADRON, ODALYS
Address 13701 SW 88 ST STE 305
City-State-Zip: MIAMI FL 33186

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: ODALYS PADRON

PRESIDENT

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date