

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000422433

**Entity Name:** G & J INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

8486 SW 165 PL  
MIAMI, FL 33193

**Current Mailing Address:**

8486 SW 165 PL  
MIAMI, FL 33193

**FEI Number:** 88-4133914

**Certificate of Status Desired:** No

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

TORREGROZA SALCEDO, GINA  
8486 SW 165 PL  
MIAMI, FL 33193 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 TORREGROZA SALCEDO, GINA  
Address 8486 SW 165 PL  
City-State-Zip: MIAMI FL 33193

Title AMBR  
Name SANCHEZ TORREGROZA, JOSE A  
Address 8486 SW 165 PL  
City-State-Zip: MIAMI FL 33193

*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:** JOSE A. SANCHEZ TORREGROZA

AMBR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date