

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000489227

Entity Name: WILOSUR INSURANCE LLC

Current Principal Place of Business:

1900 N BAYSHORE DR SUITE 1A #136-1571
MIAMI, FL 33132

Current Mailing Address:

1900 N BAYSHORE DR SUITE 1A #136-1571
MIAMI, FL 33132 US

FEI Number: 36-5044242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUPA ENTERPRISES INC
100 SE 2ND STREET SUITE 2000
MIAMI, FL 33131 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: LUCIANA MORDINI

01/11/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---|-----------------|---|
| Title | MGR | Title | MBR |
| Name | BRYAN STEVE TORRES OSORIO | Name | WILKIE DE JESUS OSORIO URIBE |
| Address | 1900 N BAYSHORE DR SUITE 1A #136 -1571 | Address | 1900 N BAYSHORE DR SUITE 1A #136 -1571 |
| City-State-Zip: | MIAMI FL 33132 | City-State-Zip: | MIAMI FL 33132 |

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: BRYAN STEVE TORRES OSORIO

MGR

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date