

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000491687

Entity Name: FAMA INSURANCE MULTISERVICES LLC

Current Principal Place of Business:

1257 NW 29 ST
MIAMI, FL 33142

Current Mailing Address:

1084 NW 58TH TERR
MIAMI, FL 33127 US

FEI Number: 92-1763136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTERO, FAUSTO SR
1257 NW 29 ST
MIAMI, FL 33142 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 MONTERO, FAUSTO
Address 1257 NW 29 ST
City-State-Zip: MIAMI FL 33142

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: FAUSTO MONTERO ANGOMAS

OWNER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date