

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000491776

Entity Name: AMSURE4U YOUR INSURANCE AGENCY, LLC

Current Principal Place of Business:

8418 KARWICK STREET
ORLANDO, FL 32836

Current Mailing Address:

8418 KARWICK STREET
ORLANDO, FL 32836 US

FEI Number: 92-1116256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BT7 PARTNERS TAX COMPLIANCE SERVICES LLC
7680 UNIVERSAL BLVD
SUITE 380
ORLANDO, FL 32819 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: LEANDRO NOGUEIRA

04/25/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SIZENANDO SILVA, FERNANDO LUIZ
Address 8418 KARWICK STREET
City-State-Zip: ORLANDO FL 32836

Title AMBR
Name RESENDE VIANA, GUTEMBERG
Address 190 2ND STREET
City-State-Zip: BONITA SPRINGS FL 34134

Title AMBR
Name NOGUEIRA DE SOUZA, DANIEL
Address 1998 HOVENWEEP RD
City-State-Zip: WESLEY CHAPEL FL 33543

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: FERNANDO LUIZ SIZENANDO SILVA

AMBR

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date