**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 28, 2025**
**Secretary of State**
**3773268337CC**

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 02/28/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | AMBR | Title | AMBR |
| Name | SIZENANDO SILVA, FERNANDO LUIZ | Name | RESENDE VIANA, GUTEMBERG |
| Address | 8418 KARWICK STREET | Address | 190 2ND STREET |
| City-State-Zip: | ORLANDO FL 32836 | 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 02/28/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date