

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000500436

**Entity Name:** DELMONT INSURANCE GROUP LLC

**Current Principal Place of Business:**

4361 DLEON STREET  
P206  
HAINES CITY, FL 33844

**Current Mailing Address:**

4361 DLEON STREET  
P206  
HAINES CITY, FL 33844 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONTOYA, FABIAN  
10501 LAKE MONTERREY DR  
P206  
ORLANDO, FL 32821 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:** FABIAN MONTOYA

05/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MONTOYA, FABIAN M  
Address 4361 DLEON STREET  
City-State-Zip: HAINES CITY FL 33844

Title MGR  
Name DELGADILLO GUTIERREZ,  
KATHERINE  
Address 4361 DLEON STREET  
City-State-Zip: HAINES CITY FL 33844

*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:** FABIAN MONTOYA

MNG

05/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date