

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000100286

**Entity Name:** ALMA LIFE & HEALTH INSURANCE LLC

**Current Principal Place of Business:**

6103 SW 14 ST  
WEST MIAMI, FL 33144

**Current Mailing Address:**

6103 SW 14 ST  
WEST MIAMI, FL 33144

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

DOSAL, ALMA L  
6103 SW 14 ST  
WEST MIAMI, FL 33144 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 DOSAL, ALMA L  
Address 6103 SW 14 ST  
City-State-Zip: WEST MIAMI FL 33144

*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:** ALMA L DOSAL

**MANAGER**

**04/23/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date