## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000137097

Entity Name: NORTH MIAMI BEACH INSURANCE LLC

**Current Principal Place of Business:** 

467 NE 167TH ST

NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:** 

14380 SW 139TH CT MIAMI, FL 33186

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, GUSTAVO 14380 SW 139 CT MIAMI, FL 33186 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: GUSTAVO FERNANDEZ 03/19/2024

Electronic Signature of Registered Agent

Date

FILED Mar 19, 2024

**Secretary of State** 

1347928803CC

Authorized Person(s) Detail:

Title MGR

Name FERNANDEZ, GUSTAVO

Address 14380 SW 139 CT City-State-Zip: MIAMI FL 33186

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.