

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000139502

**Entity Name:** BMS BUSINESS INSURANCE LLC

**Current Principal Place of Business:**

2900 SW 114TH TER  
103  
MIRAMAR, FL 33025

**Current Mailing Address:**

2900 SW 114TH TER  
103  
MIRAMAR, FL 33025 US

**FEI Number:** 92-2776121

**Certificate of Status Desired:** No

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

GONZALEZ, INES M SR  
2900 SW 114TH TER  
103  
MIRAMAR, FL 33025 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	Title	MGR
Name	GONZALEZ, INES M SR	Name	BRAVO, RODRIGO A SR
Address	2900 SW 114TH TER 103	Address	2900 SW 114TH TER 103
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025

*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:** INES GONZALEZ

**MGR**

**07/22/2024**

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

\_\_\_\_\_  
Date