

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000139502

Entity Name: BMS BUSINESS INSURANCE LLC

Current Principal Place of Business:

4335 VINEYARD CIR
WESTON, FL 33332

Current Mailing Address:

4335 VINEYARD CIR
WESTON, FL 33332 US

FEI Number: 92-2776121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, INES M SR
4335 VINEYARD CIR
WESTON, FL 33332 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 | 4335 VINEYARD CIR | Address | 4335 VINEYARD CIR |
| City-State-Zip: | WESTON FL 33332 | City-State-Zip: | WESTON FL 33332 |

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: RODRIGO BRAVO CARRILLO

MGR

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date