

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000162782

Entity Name: AMERICA'S INSURANCE PLANS, LLC

Current Principal Place of Business:

2925 SW 133 RD AVENUE
MIRAMAR, FL 33027

Current Mailing Address:

PO BOX 278465
MIRAMAR, FL 33027 US

FEI Number: 92-1603376

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURGESS, LONZIE
2925 SW 133RD AVENUE
MIRAMAR, FL 33027 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	BURGESS, LONZIE	Name	BURGESS, LONZIE
Address	PO BOX 278465	Address	2925 SW 133 RD AVENUE
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027

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: LONZIE BURGESS

MGR

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date