## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000229403

Entity Name: RM VEGA INSURANCE LLC

**Current Principal Place of Business:** 

6445 SW 6TH ST MIAMI, FL 33144

**Current Mailing Address:** 

6445 SW 6TH ST MIAMI, FL 33144 US

FEI Number: 93-1374426 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEGA, PAULA L 6445 SW 6TH ST 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

FILED Apr 04, 2024

**Secretary of State** 

2681492870CC

## Authorized Person(s) Detail:

Title MGR

Name VEGA, PAULA L Address 6445 SW 6TH ST City-State-Zip: 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: PAULA VEGA MANAGER 04/04/2024