

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000380147

Entity Name: A & J OPTIMAL INSURANCE, LLC

Current Principal Place of Business:

1673 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

999 NE 167TH STREET
516
NORTH MIAMI BCH, FL 33162

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN BAPTISTE, STECHNERLEY
999 NE 167TH STREET
NORTH MIAMI BCH, FL 33162 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	P	Title	V-P
Name	JEAN BAPTISTE, STECHNERLEY	Name	ALEXANDRE, LAMATINE
Address	999 NE 167TH STREET, 516	Address	2027 NE 172ND ST
City-State-Zip:	NORTH MIAMI BCH FL 33162	City-State-Zip:	MIAMI FL 33162

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: STECHNERLEY JEAN BAPTISTE

P

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date