

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000387058

Entity Name: H.L.B INSURANCE LLC

Current Principal Place of Business:

6972 SW 159 CT
MIAMI, FL 33193

Current Mailing Address:

6972 SW 159 CT
MIAMI, FL 33193

FEI Number: 93-3777879

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, HARLYN
6972 SW 159 CT
MIAMI, FL 33193 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
Name LOPEZ, HARLYN
Address 6972 SW 159 CT
City-State-Zip: MIAMI FL 33193

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: HARLYN LOPEZ

ASST

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date