

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000438190

Entity Name: ALONSO INSURANCE LLC

Current Principal Place of Business:

3821 SW 149TH PL
MIAMI, FL 33185

Current Mailing Address:

3821 SW 149TH PL
MIAMI, FL 33185 US

FEI Number: 93-3507211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATISTA, ARLEY
3821 SW 149TH PL
MIAMI, FL 33185 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 BATISTA, ARLEY
Address 3821 SW 149TH PL
City-State-Zip: MIAMI FL 33185

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: ARLEY BATISTA

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04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date