2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 19, 2024
Secretary of State
3166191532CC

DOCUMENT# L23000544617

Entity Name: ROMA INSURANCE GROUP LLC

Current Principal Place of Business:

13319 GLACIER NATIONAL DR
APT 6406
ORLANDO,, FL 32837

Current Mailing Address:

13319 GLACIER NATIONAL DR
APT 6408
ORLANDO,, FL 32837

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTA MONTES, ROY A
13319 GLACIER NATIONAL DR
APT 6408
ORLANDO, FL 32837 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	AMBR	Title	AMBR
Name	MOTA MONTES, ROY A	Name	MARIN GIMON, MARIA E
Address	13319 GLACIER NATIONAL DR, APT 6408	Address	13319 GLACIER NATIONAL DR, APT 6408
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837

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: MOTA MONTES, ROY A AMBR 09/19/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date