

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000491853

Entity Name: RELIABLE CHOICE INSURANCE LLC

Current Principal Place of Business:

13550 RELFLECTIONS PKWY, SUITE 5-504G
FORT MYERS, FL 33907

Current Mailing Address:

13550 RELFLECTIONS PKWY, SUITE 5-504G
FORT MYERS, FL 33907 US

FEI Number: 33-2947381

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALERA, ABRAHAM
13550 RELFLECTIONS PKWY, SUITE 5-504G
FORT MYERS, FL 33907 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
Name VALERA, ABRAHAM
Address 13550 RELFLECTIONS PKWY, SUITE 5
 -504G
City-State-Zip: FORT MYERS FL 33907

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: ABRAHAM VALERA

PRESIDENT

04/02/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date