

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000000071

**Entity Name:** MAKO INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

9250 W. BAY HARBOR DRIVE, SUITE 3-A  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

9250 W. BAY HARBOR DRIVE, SUITE 3-A  
BAY HARBOR ISLANDS, FL 33154 US

**FEI Number:** 82-3393231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GITTLESON, SHELDON D. CPA  
9250 W. BAY HARBOR DRIVE,  
SUITE 3-A  
BAY HARBOR ISLANDS, FL 33154 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 MARVEZ, GARARDO  
Address 9250 W. BAY HARBOR DRIVE,  
SUITE 3-A  
City-State-Zip: BAY HARBOR ISLANDS, FL 33154

*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:** MARVEZ , GARARDO

MGR

02/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date