

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000017605

Entity Name: FLORIDA ONE INSURANCE FRANCHISING LLC

Current Principal Place of Business:

5979 NW 151 ST, SUITE 200
MIAMI LAKES, FL 33014

Current Mailing Address:

5979 NW 151 ST, SUITE 200
MIAMI LAKES, FL 33014

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ENTREPRENEUR LAW, P.A.
101 NE 3RD AVE., SUIT 1500
FORT LAUDERDALE, FL 33301 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 GONZALEZ, RAMON
Address 5979 NW 151 ST, SUITE 200
City-State-Zip: MIAMI LAKES FL 33014

Title AMBR
Name RODRIGUEZ, DAVID
Address 5979 NW 151 ST, SUITE 200
City-State-Zip: MIAMI LAKES FL 33014

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: RAMON GONZALEZ

PRESIDENT/OWNER

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date