

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000089737

**Entity Name:** LASA LINKS INSURANCE, INC.

**Current Principal Place of Business:**

5001 SW 74 CT  
STE. 102  
MIAMI, FL 33155

**Current Mailing Address:**

5001 SW 74 CT  
STE. 102  
MIAMI, FL 33155 US

**FEI Number:** 47-5624115

**Certificate of Status Desired:** No

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

LASA, FIORELLA M  
5001 SW 74 CT  
STE. 102  
MIAMI, FL 33155 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

**Officer/Director Detail :**

Title            P  
Name            LASA, ROBERTO C  
Address        5001 SW 74 CT  
                  STE. 102  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name            LASA, FIORELLA M  
Address        5001 SW 74 CT  
                  STE. 102  
City-State-Zip: MIAMI FL 33155

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FIORELLA LASA

VP

04/09/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date