

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017638

**Entity Name:** INTERNATIONAL REINSURANCE INTERMEDIARIES LLC

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DR.  
SUITE 152  
WESTON, FL 33331

**Current Mailing Address:**

2645 EXECUTIVE PARK DR.  
SUITE 152  
WESTON, FL 33331

**FEI Number:** 54-2110774

**Certificate of Status Desired:** No

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

BW&T BUSINESS ADVISERS, INC.  
VENETO BUILDING 3600 RED ROAD SUITE 301  
MIRAMAR, FL 33025 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 MGRM  
Name MARTINEZ, GUSTAVO A  
Address 4466 FOXGLOVE LANE  
City-State-Zip: WESTON FL 33331

*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:** GUSTAVO A MARTINEZ

**MANAGING DIRECTOR**

**04/30/2019**

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

\_\_\_\_\_  
Date