# 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

City-State-Zip: WESTON FL 33331

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

#### Authorized Person(s) Detail :

 Title
 MGRM

 Name
 MARTINEZ, GUSTAVO A

 Address
 4466 FOXGLOVE LANE

 Oite Otate Zine
 MERTON Ei 20001

2020 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

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

BW&T BUSINESS ADVISERS, INC. VENETO BUILDING 3600 RED ROAD SUITE 301 MIRAMAR, FL 33025 US

ertify 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 u

MANAGING DIRECTOR 03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

Secretary of State 4483885255CC

Date

FILED Mar 17, 2020