

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059549

Entity Name: EAL INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

7245 NW 113TH PL
DORAL, FL 33178

Current Mailing Address:

7245 NW 113TH PL
DORAL, FL 33178 US

FEI Number: 20-5921219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVANDEIRA, EDUARDO A
7245 NW 113TH PL
DORAL, FL 33178 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 LAVANDEIRA, EDUARDO A
Address 7245 NW 113TH PL
City-State-Zip: DORAL FL 33178

Title MGRM
Name BOLLOWSKY, PETRA C
Address 6417 N.W. 113 PLACE
City-State-Zip: DORAL FL 33178

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO A. LAVANDEIRA

MGR

03/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date