

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005563

**Entity Name:** EQUIINSURANCE, LLC.

**Current Principal Place of Business:**

6839 MAIN ST  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6839 MAIN ST  
MIAMI LAKES, FL 33014

**FEI Number:** 20-8248518

**Certificate of Status Desired:** No

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

FERNANDEZ, FRANK  
6839 MAIN STREET  
MIAMI LAKES, FL 33014 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 FERNANDEZ, FRANK  
Address 3963 SW 189 AVE  
City-State-Zip: MIRAMAR FL 33029

*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:** FRANK FERNANDEZ

MGMR

03/03/2015

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

\_\_\_\_\_ Date