

2017 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

02/14/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date