

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000081624

Entity Name: WESTON INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

2555 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 14-2057
CORAL GABLES, FL 33114-2057 US

FEI Number: 45-2754156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 NIXON, DEANNE D
Address P.O. BOX 14-2057
City-State-Zip: CORAL GABLES FL 33114-2057

Title MGR
Name AMADOR, EDUARDO M
Address P.O. BOX 142057
City-State-Zip: CORAL GABLES FL 33114

Title MGR
Name ALDULAIMI, RACHAEL L
Address P.O. BOX 142057
City-State-Zip: CORAL GABLES FL 33114

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: DEANNE NIXON

MGR

09/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date