

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000126454

Entity Name: INSURANCE321, LLC

Current Principal Place of Business:

8796 SW 8TH STREET
MIAMI, FL 33174

Current Mailing Address:

8796 SW 8TH STREET
MIAMI, FL 33174

FEI Number: 61-1580931

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDE, PABLO JOSE
8796 SW 8TH STREET
MIAMI, FL 33174 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 CONDE, PABLO J
Address 8796 SW 8TH STREET
City-State-Zip: MIAMI FL 33174

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: PABLO CONDE

MGMR

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date