

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054031

**Entity Name:** INSURANCE & BEYOND LLC

**Current Principal Place of Business:**

12060 NW S RIVER DR  
MEDLEY, FL 33178

**Current Mailing Address:**

12060 NW S RIVER DR  
MEDLEY, FL 33178 US

**FEI Number:** 45-5104850

**Certificate of Status Desired:** No

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

FIGUEREDO LOPEZ, PEDRO  
12060 NW S RIVER DR  
MEDLEY, 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 MGRM  
Name FIGUEREDO LOPEZ, PEDRO  
Address 15600 SW 12TH TERR  
City-State-Zip: MIAMI FL 33194

Title AMBR  
Name CASTELLANOS, MARIA V  
Address 5750 COLLINS AVE  
APT 14A  
City-State-Zip: MIAMI BEACH FL 33140

*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:** MARIA V CASTELLANOS

AMBR

02/24/2017

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

\_\_\_\_\_  
Date