

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047938

Entity Name: MORENO INSURANCE, LLC

Current Principal Place of Business:

1625 PALM AVE SUITE 2
HIALEAH, FL 33010

FILED
Sep 02, 2016
Secretary of State
CC2206240872

Current Mailing Address:

1625 PALM AVENUE
SUITE 2
MIAMI, FL 33010 US

FEI Number: 47-1112394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, RAFAEL
1625 PALM AVE. SUITE II
PLAZA MORENO
HIALEAH, FL 33010 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	PRESIDENT	Title	AUTHORIZED MEMBER
Name	MORENO, HECTOR LUIS	Name	MORENO, HECTOR
Address	1625 PALM AVE SUITE 2	Address	210 E 15 ST
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

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: HECTOR MORENO

PRESIDENT

09/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date