

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000085355

**Entity Name:** CITCO INSURANCE SERVICES LLC

**Current Principal Place of Business:**

701 BRICKELL AVE STE 2600  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVE STE 2600  
MIAMI, FL 33131

**FEI Number: 47-1004560**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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, PRESIDENT	Title	VP, SECRETARY
Name	MAIRHOFER, ERNESTO	Name	GIAVEDONI, AGUSTIN
Address	701 BRICKELL AVE STE 2600	Address	701 BRICKELL AVE STE 2600
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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: ERNESTO MAIRHOFER**

**MANAGER**

**04/03/2019**

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

\_\_\_\_\_  
Date