

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165564

Entity Name: INSURANCE INSTITUTE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

8180 NW 36 ST
SUITE 201
DORAL, FL 33166

Current Mailing Address:

8180 NW 36 ST
SUITE 201
DORAL, FL 33166 US

FEI Number: 47-2149613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTILLO DE CANGAS, MARIA J
8180 NW 36 ST
SUITE 201
DORAL, FL 33166 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 CASTILLO DE CANGAS, MARIA J
Address 8180 NW 36 ST
SUITE 201
City-State-Zip: DORAL FL 33166

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 J CASTILLO DE CANGAS

MANAGER

03/05/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date