

**2016 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

**PRESIDENT**

**02/26/2016**

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

\_\_\_\_\_ Date