

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000006376

**Entity Name:** NOYLAN INSURANCE GROUP, LLC

**Current Principal Place of Business:**

9415 SUNSET DRIVE  
SUITE 200  
MIAMI, FL 33173

**Current Mailing Address:**

9415 SUNSET DRIVE  
SUITE 200  
MIAMI, FL 33173

**FEI Number:** 47-2754415

**Certificate of Status Desired:** No

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

GONZALEZ, NOYLAN  
16886 SW 143RD PL  
MIAMI, FL 33177 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:** NOYLAN GONZALEZ

10/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GONZALEZ, NOYLAN  
Address 16886 SW 143RD PL  
City-State-Zip: MIAMI FL 33177

*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:** NOYLAN GONZALEZ

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10/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date