

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000069909

Entity Name: SOUTH FLORIDA ASSOCIATION OF INSURANCE AGENTS, LLC

Current Principal Place of Business:

10210 CARIBBEAN BLVD
MIAMI, FL 33189

Current Mailing Address:

PO BOX 654442
MIAMI, FL 33265-4442 US

FEI Number: 00-0000000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, JESSICA
10210 CARIBBEAN BLVD
MIAMI, FL 33189 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 GONZALEZ, JESSICA
Address PO BOX 654442
City-State-Zip: MIAMI FL 33265-4442

Title AMBR
Name LIRA, GUSTAVO
Address PO BOX 654442
City-State-Zip: MIAMI FL 33265-4442

Title AP
Name GONZALEZ, JESSICA
Address PO BOX 654442
City-State-Zip: MIAMI FL 33265-4442

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: JESSICA GONZALEZ

MGR

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date