

**2017 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

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date