

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016198

**Entity Name:** ANDINO INSURANCE LLC

**Current Principal Place of Business:**

8421 S ORANGE BLOSSOM TR  
SUITE 106  
ORLANDO, FL 32809

**Current Mailing Address:**

8421 S ORANGE BLOSSOM TR  
SUITE 106  
ORLANDO, FL 32809 US

**FEI Number:** 81-1258311

**Certificate of Status Desired:** No

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

ALVAREZ , DARIO  
8421 S ORANGE BLOSSOM TRAIL  
106  
ORLANDO, FL 32809 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:** DARIO ALVAREZ

04/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALVAREZ RESTREPO, MARIANA  
Address 8421 S ORANGE BLOSSOM TRAIL  
STE 106  
City-State-Zip: ORLANDO FL 32809

Title MGRM  
Name ALVAREZ, DARIO  
Address 8421 S ORANGE BLOSSOM TRAIL  
STE 106  
City-State-Zip: ORLANDO FL 32809

Title MGRM  
Name RESTREPO, MONICA  
Address 8421 S ORANGE BLOSSOM TRAIL  
STE 106  
City-State-Zip: ORLANDO FL 32809

*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:** DARIO ALVAREZ

MGRM

04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date