

2017 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 RESTREPO, MARIANA
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title MGR
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

MGR

04/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date