

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123376

Entity Name: SAN CHARBEL INSURANCE AGENCY LLC**Current Principal Place of Business:**7900 OAK LN #400
MIAMI LAKES, FL 33016**Current Mailing Address:**7900 OAK LN #400
MIAMI LAKES, FL 33016 US**FEI Number:** 81-3384291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIAS CONSULTING & SERVICES CORP.
4708 NW 114TH AVE
UNIT 202
DORAL, FL 33178 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:** YOSMAR ARIAS

05/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM, PRESIDENT, DIRECTOR
Name	LEAL SALGUERO, JOHAN E
Address	3438 W 104TH TER
City-State-Zip:	HIALEAH FL 33018

Title	VP, DIRECTOR
Name	ALDECOA DELGADO, ALFONSO
Address	9319 NW 48TH
City-State-Zip:	DORAL FL 33178

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: JOHAN E LEAL SALGUERO**PRESIDENT**

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date