

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000176840

Entity Name: MARTON INSURANCE SPECIALISTS, LLC**Current Principal Place of Business:**2333 BRICKELL AVE.
SUITE 1215
MIAMI, FL 33129**Current Mailing Address:**2333 BRICKELL AVE.
SUITE 1215
MIAMI, FL 33129 US**FEI Number:** 81-4015532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEIDER, NORMAN S ESQ.
200 S. BISCAYNE BLVD.
6TH FLOOR
MIAMI, FL 33131 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:** NORMAN WEIDER

02/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name OTERO, ARMANDO
Address 2333 BRICKELL AVE.
 1215
City-State-Zip: MIAMI FL 33129

Title VP
Name MONTERO, CHRISTINA MARTA
Address 10335 SW 99 ST
 MIAMI
City-State-Zip: FLORIDA FL 33176

Title CEO
Name OTERO, MARTA
Address 2333 BRICKELL AVE. ST. 1215
City-State-Zip: MIAMI FL 33129

Title VP-OPERATIONS
Name OTERO, ANDRES ALBERTO
Address 800 THE MARK LANE
 SUITE 2507
City-State-Zip: SAN DIEGO CA 92101

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: ARMANDO A OTERO

PRESIDENT

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date