

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000161218

**Entity Name:** LEGAL ASSURANCES FIRM, LLC

**Current Principal Place of Business:**

2637 E ATLANTIC BLVD  
#42281  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

2637 E ATLANTIC BLVD  
#42281  
POMPANO BEACH, FL 33062 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 REVOCABLE LIVING TRUST OF  
LEGAL ASSURANCES  
Address 2637 E ATLANTIC BLVD #42281  
City-State-Zip: POMPAN BEACH FL 33470

*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:** JAMIE ALVAREZ

ASSOCIATE

03/07/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date