

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000200728

**Entity Name:** NAVARRO INSURANCE BROKER LLC

**Current Principal Place of Business:**

4703 NW 79TH AVE  
DORAL, FL 33166

**Current Mailing Address:**

4703 NW 79TH AVE  
DORAL, FL 33166 US

**FEI Number:** 82-2937243

**Certificate of Status Desired:** No

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

SOPHOS CONSULTING GROUP CORP  
8333 NW 53RD STREET  
SUITE 450  
DORAL, FL 33166 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 NAVARRO URICH, RAFAEL E  
Address 5711 NW 112TH AVE APT 106  
City-State-Zip: DORAL FL 33178

Title MGR  
Name MONTERO DE NAVARRO, NORA  
Address 5711 NW 112TH AVE APT 106  
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:** NAVARRO URICH , RAFAEL E

MGR

05/25/2020

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

\_\_\_\_\_  
Date