

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000027322

**Entity Name:** R&S ASSOCIATES INSURANCE LLC

**Current Principal Place of Business:**

429 LENOX AVE  
STE 430  
MIAMI BEACH, FL 33139-6532

**Current Mailing Address:**

429 LENOX AVE  
STE 430  
MIAMI BEACH, FL 33139-6532 US

**FEI Number:** 82-4162941

**Certificate of Status Desired:** No

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

SAAIED, ROMINA L  
429 LENOX SUITE 430  
MIAMI BEACH, FL 33139 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	OWNER	Title	MANAGER
Name	SAAIED, ROMINA L	Name	KEVIN , KAVANAUGH
Address	429 LENOX AVE 430	Address	1834 BRICKELL AVE SUITE 21
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI FL 33129

*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:** ROMINA SAAIED

**OWNER**

**01/23/2023**

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

\_\_\_\_\_  
Date