

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000027322

Entity Name: R&S ASSOCIATES INSURANCE LLC

Current Principal Place of Business:

429 LENOX AVE
SUITE 430
MIAMI BEACH, FL 33139

Current Mailing Address:

429 LENOX AVE
430
MIAMI BEACH, FL 33139 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	SAAIED, ROMINA L	Name	HENSHAW , SOFIA
Address	429 LENOX AVE 430	Address	2475 BRICKELL AVE 1710
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 LINDA SAAIED

MANAGER

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date