

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000246155

**Entity Name:** ALERIO INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

7955 NW 12TH ST  
SUITE 312  
DORAL, FL 33126

**FILED**  
**May 02, 2022**  
**Secretary of State**  
**0704298058CC**

**Current Mailing Address:**

755 NW 12TH AVE  
PLAZA 20 STE. 183  
MIAMI, FL 33126 US

**FEI Number:** 84-3376147

**Certificate of Status Desired:** No

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

FUENTES, NIVIA  
7955 NW 12TH ST  
STE. 312  
MIAMI, FL 33126 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:** NIVIA FUENTES

05/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FUENTES, NIVIA  
Address 7955 NW 12TH ST  
SUITE 312  
City-State-Zip: DORAL FL 33126

*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:** NIVIA FUENTES

MRS.

05/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date