

**2020 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

**Current Mailing Address:**

7955 NW 12TH ST  
SUITE 312  
DORAL, FL 33126 US

**FEI Number:** 84-3376147

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 FUENTES, DAVID  
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:** DAVID FUENTES

**MANAGER**

**04/01/2020**

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

\_\_\_\_\_  
Date