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.

MS

SIGNATURE: MAYDELIN HERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ANGELES INSURANCE SERVICES LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

3350 SW 148TH AVE SUITE 110 MIRAMAR, FL 33027

DOCUMENT# L20000097366

#### **Current Mailing Address:**

19700 NW 44TH AVE MIAMI, FL 33055 US

#### FEI Number: 85-0665259

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

LEMES GODINEZ, OSNIEL 19700 NW 44TH AVE MIAMI, FL 33055 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	: OSNIEL LEMES GODINEZ				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	MS		
Name	LEMES GODINEZ, OSNIEL L	Name	HERNANDEZ, MAYDELIN		
Address	19700 NW 44TH AVE	Address	19700 NORTHWEST 44TH AVEN	UE	
City-State-Zip:	MIAMI FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055		

# Certificate of Status Desired: No

01/10/2023

## FILED Jan 10, 2023 Secretary of State 9931457080CC

Date