

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097366

**Entity Name:** ANGELES INSURANCE SERVICES LLC

**Current Principal Place of Business:**

3350 SW 148TH AVE SUITE 110  
MIRAMAR, FL 33027

**Current Mailing Address:**

19700 NW 44TH AVE  
MIAMI, FL 33055 US

**FEI Number:** 85-0665259

**Certificate of Status Desired:** No

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            LEMES GODINEZ, OSNIEL L  
Address        19700 NW 44TH AVE  
City-State-Zip: MIAMI FL 33055

*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:** OSNIEL LEMES GODINEZ

**OWNER**

**01/25/2022**

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

\_\_\_\_\_ Date