

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000388221

**Entity Name:** ASSURE WEALTH INSURANCE, LLC

**Current Principal Place of Business:**

19363 OCEAN GRANDE CT  
BOCA RATON, FL 33498

**Current Mailing Address:**

19363 OCEAN GRANDE CT  
BOCA RATON, FL 33498 US

**FEI Number:** 85-4330676

**Certificate of Status Desired:** No

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

AMORIM, BIANCA C  
19363 OCEAN GRANDE CT  
BOCA RATON, FL 33498 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           MANAGER  
Name           AMORIM, BIANCA C  
Address        19363 OCEAN GRANDE CT  
City-State-Zip: BOCA RATON FL 33498

Title           MANAGER  
Name           RIBEIRO, JULIANE C  
Address        5561 NW 124TH AVE  
City-State-Zip: CORAL SPRINGS FL 33076

Title           MANAGER  
Name           SANTANA, THAISA S  
Address        4546 SAN MELLINA DR  
City-State-Zip: COCONUT CREEK FL 33073

*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:** JULIANE C RIBEIRO

MANAGER

09/09/2021

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

\_\_\_\_\_ Date