# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 21, 2006**
**Secretary of State**

DOCUMENT# L04000008077

**Entity Name:** HEINERT INSURANCE, LLC

**Current Principal Place of Business:**

2655 LEJEUNE RD
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE RD
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number: 20-1107337** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HEINERT, ROBERTO
5700 SW 85TH ST
MIAMI, FL 33143 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: ROMERO, GASTON M
Address: 2655 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: HEINERT, ROBERTO
Address: 2655 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERTO HEINERT PRES 03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date