

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90032 014 \*\*\*\*50.00

**DOCUMENT # L04000013511**

1. Entity Name  
NATIONS INSURANCE & FINANCIAL ADVISORS LLC



Principal Place of Business

2510 NW 97TH AVENUE  
140  
MIAMI, FL 33172 US

Mailing Address

2510 NW 97TH AVENUE  
140  
MIAMI, FL 33172 US

**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0778258

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, ERNEST  
2510 NW 97TH AVENUE SUITE 140  
MIAMI, FL 33172

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CRUZ, ERNEST  
2510 NW 97TH AVENUE SUITE 140  
MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT 40088387

**NATIONS INSURANCE & FINANCIAL ADVISORS LLC**  
**2510 NW 97<sup>TH</sup> AVENUE SUITE 140**  
**MIAMI FL 33172**

April 27, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: DOCUMENT#: L04000013511

Dear Sir or Madam:

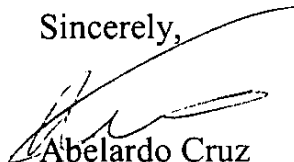
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 50.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Abelardo Cruz