


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000073252 1. Entity Name A & I INSURANCE AGENCY L.L.C.	
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Principal Place of Business 8936 S.W. 40TH STREET MIAMI, FL 33165	Mailing Address 8936 S.W. 40TH STREET MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0155331	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERO, INGRID R 8936 S.W. 40TH STREET MIAMI, FL 33165

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2006

U00000467145
(03/23/06-80039-005 \$5.00)

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERO, INGRID R 8936 S.W. 40TH STREET MIAMI, FL 33165
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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 #

03/09/06 305-228-1142